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HARRISBURG, PA

FEB 12 2001

MARY E. D'AMBROSIO, CLERK
Paralegal
Court Clerk

ORIGINAL

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF PENNSYLVANIA

PAUL LEE, :
Plaintiff :
v. : Civil No. 1:CV-00-00486
: (Kane, J.)
UNITED STATES OF AMERICA, et al. :
Defendants :
:

RECORD TO BRIEF IN SUPPORT OF THE DEFENDANTS'
MOTION TO DISMISS AND FOR SUMMARY JUDGMENT

DAVID M. BARASCH
United States Attorney

KATE L. MERSHIMER
Assistant U.S. Attorney
SHELLEY L. GRANT
Paralegal Specialist
217 Federal Building
228 Walnut Street
Post Office Box 11754
Harrisburg, PA 17108

Dated: February 12, 2001

FEB-08-01 THU 03:45 PM ALLENWOOD LEGAL SERVICES FAX NO. 17125476458

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IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

PAUL LEE,

Plaintiff : CIVIL NO. 1:CV-00-0486

v. : (Judge Kane)

UNITED STATES OF AMERICA, et-al., :

Defendants :

DECLARATION OF J. FROMM

I, J. Fromm, hereby declare and state as follows:

1. I am currently employed by the United States Department of Justice, Federal Bureau of Prisons ("FBOP"), as a Paralegal Specialist, at the Federal Correctional Complex (F.C.C.), Allenwood, Pennsylvania. I have been a Paralegal Specialist at F.C.C. Allenwood since August 1998. Prior to that time, I held the position of Paralegal Specialist at the United States Penitentiary, Lewisburg, Pennsylvania, since November, 1989.
2. In my official capacity, I have access to inmate files, including, but not limited to, records regarding an inmate's sentencing, disciplinary history, administrative tort claim filings and records relating to an inmate's history of incarceration.
3. I have reviewed the amended complaint in the above-captioned

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action, wherein the Plaintiff, inmate Paul Lee, Federal Register Number 01656-087, alleges that his left hip has degenerated since 1997 due to inappropriate bedding. The Plaintiff further alleges, that the denial of the use of two mattresses has caused pain in his hip. The Plaintiff alleges he now suffers from degenerative arthritis and that medical staff have negligently failed to provide him with appropriate medical care and treatment for his injury.

4. The Plaintiff, inmate Paul A. Lee, Register No. 01656-087, was sentenced on January 30, 1995, in the United States District Court for the Northern District of West Virginia, to a term of imprisonment of two hundred months for: "Conspiracy to Possess With Intent to Distribute" and "Distribution of Cocaine a/k/a"Crack"" in violation of Title 21, United States Code §841(a)(1) and Title 21, United States Code, §846. The Plaintiff has a projected release date of March 26, 2010, via good conduct time release. The Plaintiff is currently housed at the Federal Correctional Institution (FCI) Allenwood, Pennsylvania.
5. The Plaintiff filed an administrative tort claim with the Northeast Regional Office, Federal Bureau of Prisons, which was received on February 9, 2000. The claim was assigned number TRT-NER-2000-449.

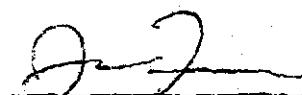
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6. In his tort claim, the Plaintiff alleged "The BOP has cause my hip to deteriorated by providing me with a steel bed and substandard mattress to sleep on. without a "box spring" By reason of the "BOP" cause negligence in their part not to provide me with proper bedding care". The Plaintiff did not raise any allegations of negligent medical care. I have attached a copy of claim TRT-NER-2000-449 to my declaration.
7. The record also fails to reveal any documentation that the Plaintiff had filed an administrative tort claim regarding his being denied the use of two mattresses.

I declare that any and all records attached to this declaration are true and accurate copies of records maintained in the ordinary course of business by the Federal Bureau of Prisons. I further declare that the foregoing is true and correct to the best of my knowledge and belief, and is given under penalty of perjury pursuant to 28 U.S.C. §1746.

EXECUTED this 8th day of February 2001.



J. FROMM
Paralegal Specialist
Federal Correctional Complex
Allenwood, Pennsylvania

**CLAIM FOR DAMAGE,
INJURY, OR DEATH**

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED
OMB NO.
1105-0008
EXPIRES 3-31-91

1. Submit To Appropriate Federal Agency:

2. Name, Address of claimant and claimant's personal representative, if any.
(See instructions on reverse.)
Paul Lee 01656-087
P.O. BOX 2000
White deer, Pa. 17887

3. TYPE OF EMPLOYMENT 4. DATE OF BIRTH

5. MARITAL STATUS 6. DATE AND DAY OF ACCIDENT

7. TIME (A.M. OR P.M.)
10 PM MILITARY CIVILIAN

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

The "BOP" has cause my hip to deteriorated by providing me with a steel bed and substandard mattress to sleep on. without a "boxspring" By reason of the "BOP" cause negligence in their part not to provide me with proper bedding care.

9.

PROPERTY DAMAGENAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)
N/A

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.) "BOP" has cause server pain in my left hip, due to substandard mattress.

10.

PERSONAL INJURY/WRONFUL DEATH

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDEDENT.

N/A

11.

WITNESSES**NAME**

ADDRESS (Number, street, city, State, and Zip Code)

F.C.I Allenwood, Medical Service

P.O. BOX 2500

White deer, Pa. 17887

F.C.I Beckley, W.v.

P.O. BOX 1280

Beaver, Wv. 25813

12. (See instructions on reverse)

AMOUNT OF CLAIM (in dollars)12a. PROPERTY DAMAGE
cost of new hip12b. PERSONAL INJURY
2.5 m12c. WRONGFUL DEATH
N/A12d. TOTAL (Failure to specify may cause
forfeiture of your rights.)
2.5 m

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)



13b. Phone number of signatory: 14. DATE OF CLAIM

2-7-00

**CIVIL PENALTY FOR PRESENTING
FRAUDULENT CLAIM**

The claimant shall forfeit and pay to the United States the sum of \$2,000.
plus double the amount of damages sustained by the United States.
(See 31 U.S.C. 3729.)

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT
CLAIM OR MAKING FALSE STATEMENTS**

Fine of not more than \$10,000 or imprisonment for not more than 5 years
or both. (See 18 U.S.C. 287, 1001.)

DEC-11-00 MON 03:10 PM ALLENWOOD LEGAL SERVICES

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PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 507 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. Principal Purpose: The information requested is to be used in evaluating claims.

C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

INSTRUCTIONS

Complete all items - Insert the word **NONE** where applicable

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 29 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in Item 51 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant inten^s to file claim for both personal injury and property damage, claim for both must be shown in Item 12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, of incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concern, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to completely execute this form, or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, including suggestions for reducing this burden.

To: Director, Tort Branch
Civil Division
U.S. Department of Justice
Washington, DC 20530

and to the
Office of Management and Budget
Paperwork Reduction Project (1105-0008)
Washington, DC 20503

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? Yes, if yes, give name and address of insurance company (Number, street, city, State, and Zip Code) and policy number. No

N/A

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

17. If deductible, state amount:

N/A

N/A

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? (It is necessary that you ascertain these facts)

N/A

N/A

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U.S. Department of Justice

Federal Bureau of Prisons

Federal Correctional Institution

Allenwood Medium

P.O. Box 2500

White Deer, PA 17887-2500

May 24, 2000

MEMORANDUM FOR: HENRY J. SADOWSKI, REGIONAL COUNSEL
NORTHEAST REGION

FROM: Michael A. Zenk, Warden

SUBJECT: T-NER-2000-449
LEE, Paul
Reg. No. 01656-087

This is in response to your request for an investigation and recommendation on the above-referenced administrative tort claim. Inmate Lee seeks compensation in the amount of \$2,500,000 for deterioration in his hip which he alleges occurred as a result of inadequate medical treatment. Specifically, he alleges that the Health Services Department should have provided a sturdier mattress which would have better supported his hip.

An investigation revealed that inmate Lee first began complaining of problems with his hip in July 14, 1997, long before his transfer to FCI-Allenwood. At that time, inmate Lee had a history of osteoarthritis, and an appointment was scheduled for December 9, 1997, with an orthopedic specialist. After an examination, the orthopedic specialist diagnosed the pain in inmate Lee's hip as Piriformis Syndrome (a compression of the sciatic nerve, causing pain centered in the hip and buttock area, and radiating up the back and down the legs.) As a result of this diagnosis, the affected area was injected with Depo-Medrol and Xylocaine, and inmate Lee was prescribed Indomethacin (an anti-inflammatory medication). Additional treatment includes physical therapy, an ultrasound to relieve muscle pressure, and anti-inflammatory medication. Following the December 9, 1997, consultation, inmate Lee was provided all of the appropriate treatment, and was educated regarding the use of heat therapy and anti-inflammatory medication.

Inmate Lee was not examined again with regards to his hip until July 24, 1998. At that time, he was diagnosed with an umbilical hernia and hip pain. He was again prescribed Indomethacin and was issued a referral for a steroid injection, however, he refused an orthopedic consultation. It was also determined at that time, that there was no need for a lower bunk restriction. On September 14, 1998, and November 2, 1998, he was again examined by Health Services staff. He was then diagnosed with left hip arthritis and prescribed Motrin.

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Inmate Lee was transferred to FCI-Allenwood from FCI-Beckley on November 16, 1998. Upon his arrival, it was noted that inmate Lee had a history of left hip bursitis. Inmate Lee was not examined again until April 26, 1999. At that time, he complained of a cough and cold along with his ongoing hip bursitis. An examination at that time revealed decreased range of motion at all points, positive point tenderness over the joint without erythema or signs of inflammation. He was again prescribed Motrin for the pain.

As a result of the April 26, 1999, examination, medical staff requested an X-Ray and orthopedic consult. On June 2, 1999, an X-Ray was taken of inmate Lee's left hip. The X-Ray revealed severe degenerative change in the left hip joint, consistent with the degenerative change associated with degenerative joint arthritis. The results of this X-Ray were subsequently reviewed with inmate Lee.

On July 14, 1999, inmate Lee was examined by the orthopedic specialist who indicated that inmate Lee may be a future candidate for hip replacement surgery. Until such time as inmate Lee qualified for the surgery, however, he was offered a cane and a local injection for the pain. Inmate Lee refused this course of treatment.

On December 14, 1999, inmate Lee again requested to see the specialist regarding his left hip. On February 4, 2000, inmate Lee's hip was again X-Rayed, revealing bilateral osteoarthritis, left greater than right. Inmate Lee was then examined by the orthopedic specialist on April 12, 2000. At that time, the specialist recommended the use of a cane and anti-inflammatory medication. Inmate Lee was further advised that if he remained compliant with the prescribed medication and cane, but his condition continued to deteriorate, then hip surgery would be examined at a later date. Inmate Lee has not been examined with regards to his hip since April 12, 2000.

Based on the above information, this investigation has failed to reveal the existence of any staff negligence. Specifically, the evidence in this matter reveals that staff appropriately tended to inmate Lee's medical needs. Therefore, I recommend that this administrative tort claim be Denied. Should you have any questions concerning this matter, please feel free to contact Douglas S. Goldring, Attorney, at (570)547-7950, ext. 5116.

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UNITED STATES GOVERNMENT
MEMORANDUM
FCI ALLENWOOD

DATE: April 25, 2000

REPLY TO
 ATTN OF: J. Hutton, Acting HSA
 SUBJECT: TRT-NER-00-4
 Lee, Paul
 Reg. No. 23877-083

TO: Mike Sullivan, Supervisory Attorney

This is in response to the tort claim filed by inmate Lee, Paul Reg. No. 01656-087, in which he states that the "BOP" has caused his hip to deteriorate because he has not been provided proper bedding care.

After a careful review of his medical records, July 14, 1997, is the first medical documentation regarding pain in his hip. His medical record states a history of osteoarthritis. Inmate Lee complained about hip pain and was evaluated by an orthopedic specialist on December 9, 1997. This consultation states Piriformis syndrome and the area was injected with Depo-Medrol and Xylocaine. He was also prescribed Indomethacin which is an anti inflammatory medication. Piriformis syndrome is a condition marked by pain in the hip and buttock that radiates up into the lower back and down the leg. This is caused by entrapment of the sciatic nerve as it passes through the piriformis muscle in the buttock. Because the symptoms mimic those caused by a herniated lumbar disk, the syndrome may be confused with that disease. Treatment includes physical therapy to relieve pressure, ultrasound to reduce muscle spasm, and anti-inflammatory medicine. Inmate Lee received the appropriate treatment at that time and was educated regarding the use of heat and anti inflammatory medication.

On July 24, 1998, inmate Lee was examined in health services for umbilical hernia and hip pain. He was given a prescription for Indomethacin and a referral for steroid injection was written. It was noted at the time "no need for low bunk". Inmate Lee was a no show for his orthopedic consult.

On September 14, 1998, he was evaluated and was prescribed Indomethacin and another orthopedic consult was written. He was evaluated on November 2, 1998, for "left hip arthritis" and requested pain medication. He was given a prescription for Motrin, another anti inflammatory medication.

Inmate Lee arrived at FCI Allenwood on November 16, 1998, from FCI Beckley. Upon arrival, a history of left hip bursitis was noted. On April 26, 1999, inmate Lee was seen

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in sick call for congestion and cough and history of left hip bursitis. Examination revealed decreased range of motion all points, positive point tenderness over joint without erythema or signs of active inflammation. He was given a prescription for Motrin to be taken as needed for pain. An x-ray of the left hip and an orthopedic consult were requested. X-ray report of the left hip on June 2, 1999, revealed severe degenerative changes of the left hip joint. This type of degenerative change is expected with severe degenerative joint arthritis. On July 6, 1999, x-ray results were discussed with inmate Lee and treatment options were explained.

On July 14, 1999, inmate Lee was examined by an orthopedic specialist and instructed he could be a candidate for hip replacement in the future and was offered a cane and local injection which he refused.

On December 22, 1999, inmate Lee requested to see the doctor regarding his left hip. An orthopedic referral was submitted and x-rays were ordered. X-rays from February 4, 2000, reported bilateral osteoarthritis, left greater than right.

On April 12, 2000, inmate Lee was seen by an orthopedic specialist who recommended using a cane and anti inflammatory medication and he agreed to try using a cane. Hip surgery will be discussed in the future if he is compliant with cane and medications.

As outlined above inmate Lee has been examined several times for his hip by orthopedic specialists. There is no documentation that the type of bedding provided to inmate Lee caused his hip to further deteriorate. The deterioration he has experienced is a natural progression of his condition. There is no proof that a substandard mattress has caused his hip pain and his tort claim should be denied.

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

PAUL LEE, :
Plaintiff : CIVIL NO. 1:CV-00-0486
v. : (Judge Kane)
UNITED STATES OF AMERICA, et al., :
Defendants :

DECLARATION OF R. MIGLIORINO, D.O.

I, R. MIGLIORINO, hereby declare and state as follows:

1. I am currently employed by the United States Department of Justice, Federal Bureau of Prisons ("FBOP"), as the Clinical Director at the Federal Correctional Institution (F.C.I.), Allenwood, Pennsylvania. I have been employed with the FBOP since April 1996. Prior to that time, I was assigned to the medical staff at the Sioux San Hospital Rapid City, South Dakota. As a Clinical Director, I have access to Bureau of Prisons records, including but not limited to medical records and records denoting places of incarceration.
2. I have reviewed the complaint in the above-captioned action, wherein the Plaintiff, inmate Paul Lee, Federal Register Number 01656-087, alleges that his left hip has degenerated since 1997 due to inappropriate bedding. The Plaintiff further alleges that he now suffers from degenerative

arthritis and that medical staff have negligently failed to provide him with appropriate medical care and treatment for his injury.

3. A review of the Plaintiff's records reveals that the Plaintiff entered into the custody of Federal Bureau of Prisons on July 30, 1991, and he was released from custody on July 15, 1992, via good conduct time release.
4. On February 17, 1995, the Plaintiff once again entered into the custody of the Bureau of Prisons, and on March 10, 1995, he arrived at F.C.I. McKean, Pennsylvania.
5. On March 30, 1995, the Plaintiff was transferred to F.C.I. Cumberland, Maryland.
6. On September 18, 1995, the Plaintiff had an x-ray of his lower back taken. Medical staff noted that the Plaintiff had mild diffuse degenerative arthritis of the lumbar spine.
7. On February 5, 1996, the Plaintiff was transferred to F.C.I. Beckley, West Virginia, arriving there on February 20, 1996.
8. My review of the Plaintiff's medical records reveals that the first complaint made by the Plaintiff concerning his left hip was made on or about July 14, 1997. The Plaintiff was seen by medical staff and he was prescribed Tylenol. At that time,

the Plaintiff indicated to staff that he had a history of osteoarthritis.

9. On August 4, 1997, the Plaintiff was seen by medical staff. The Plaintiff complained that his left hip was "aching". The Plaintiff was prescribed Motrin, he was told to apply heat three times a day, and an orthopedic consultation was ordered for an injection which was to be canceled if the Plaintiff got better. Medical staff at that time suspected that the Plaintiff was suffering from bursitis.
10. On September 15, 1997, the Plaintiff was seen by medical staff for lower back pain. It was noted that the Plaintiff had full range of motion, but his back was tender. The Plaintiff was prescribed Motrin and heat. The Plaintiff was instructed to report to sick call if needed.
11. On October 14, 1997, the Plaintiff was again seen by medical staff. Medical staff once again diagnosed the Plaintiff as suffering from bursitis. The Plaintiff was prescribed Motrin, he was instructed to apply heat and to return to health services as needed.
12. On December 9, 1997, the Plaintiff was examined by an orthopedic specialist regarding the consultation which had been ordered on August 4, 1997. During this examination, the orthopedic specialist noted that the Plaintiff had Piriformis

Syndrome. The affected area was injected with Depo-Medrol and Xylocaine. The Plaintiff was also prescribed Indomethacin which is an anti-inflammatory medication.

13. On February 13, 1998, the Plaintiff reported for sick call complaining of a callous on his right foot. The Plaintiff did not complain of any left hip pain during that visit.
14. On May 14, 1998, the Plaintiff reported for sick call complaining of pain in his left elbow. Once again, the Plaintiff did not complain of any left hip pain.
15. On May 22, 1998, the Plaintiff reported for sick call complaining of a cold. Once again, the Plaintiff did not complain of any left hip pain.
16. On July 24, 1998, the Plaintiff was examined by medical staff for umbilical hernia and left hip pain. The Plaintiff was prescribed Indomethacin and a referral for steroid injection was made. Medical staff noted that the Plaintiff did not require a lower bunk in his quarters. The record further indicates that the Plaintiff failed to appear for his scheduled orthopedic consultation with the orthopedic specialist.
17. On September 15, 1998, the Plaintiff was evaluated by medical staff and he requested another injection. An orthopedic

consultation was again scheduled and the Plaintiff was prescribed Indomethacin. An orthopedic consultation was also scheduled with the orthopedic specialist.

18. On October 26, 1998, the Plaintiff was transferred to F.C.I. Allenwood, Pennsylvania, arriving there on November 16, 1998.
19. On November 2, 1998, the Plaintiff was evaluated by medical staff for "left hip arthritis" and he requested medication for pain. The Plaintiff was prescribed Motrin.
20. On November 16, 1998, the Plaintiff arrived at FCI Allenwood. Upon his arrival, a history of left hip bursitis was noted in his medical record.
21. The Plaintiff was not seen by medical staff until April 19, 1999, after he complained of pigmentation of the skin under his eyes. The Plaintiff did not make any complaints of hip pain.
22. On April 26, 1999, the Plaintiff reported for sick call complaining of congestion, coughing, a hernia and left side bursitis. It was noted during this visit that the Plaintiff had a history of left hip bursitis. An examination of the Plaintiff's left hip revealed a decreased range of motion of all fields, positive point tenderness over the joint without erythema or signs of active inflammation. The Plaintiff was

prescribed Motrin to be taken as needed for pain. Medical staff diagnosed the Plaintiff as suffering from left hip bursitis by history, which means that he has a history of bursitis but no present indication or complaints of bursitis. An x-ray of the Plaintiff's hip was ordered and a consultation request was made for an orthopedic specialist to evaluate his hip.

23. On April 30, 1999, the Plaintiff was seen by medical staff complaining that the cold medication he was taking was not working. Once again, the Plaintiff failed to make any complaints regarding his left hip.
24. On June 2, 1999, an x-ray report revealed that the Plaintiff had severe degenerative changes of the left hip joint.
25. On June 23, 1999, the Plaintiff failed to appear for a scheduled sick call appointment.
26. On July 6, 1999, the results of the x-ray were discussed with the Plaintiff. Medical staff discussed degenerative joint disease with the Plaintiff and various treatment options were explained. The Plaintiff was also instructed that he will be seeing an orthopedic specialist.
27. On July 14, 1999, the Plaintiff was evaluated by an orthopedic specialist. The orthopedic specialist indicated to the

Plaintiff that he could be a candidate for hip replacement in the future, but that at the present time he appeared to be too young for such a procedure. The Plaintiff was then offered a cane and a local injection. The Plaintiff refused both of these options.

28. On August 13, 1999, the Plaintiff was seen by medical staff for an injury. Once again, the Plaintiff failed to make any complaints of left hip pain.
29. On August 18, 1999, the Plaintiff reported to sick call and requested a prostate exam. Once again, the Plaintiff failed to make any complaints of left hip pain.
30. On September 2, 1999, the Plaintiff was given a physical examination. Once again, the Plaintiff failed to make any complaints of left hip pain.
31. On November 29, 1999, the Plaintiff was seen by medical staff complaining of a lump on his foot (callous). Staff diagnosed him as having foot fungus. Once again, the Plaintiff failed to make any complaints of left hip pain.
32. On December 9, 1999, the Plaintiff reported to sick call complaining of an injury. Once again, the Plaintiff failed to make any complaints of left hip pain.

33. On December 22, 1999, the Plaintiff requested to see the doctor regarding his left hip. An orthopedic referral was submitted and x-rays were again ordered to be taken.
34. On January 6, 2000, a consultation request for an orthopedic specialist was written. The record revealed severe degenerative joint disease of the left hip.
35. On February 4, 2000, a review of the x-ray films revealed bilateral osteoarthritis. The left side involvement was noted to be greater than the right.
36. On February 24, 2000, the Plaintiff complained, via administrative remedy #206522-F1, that he should be provided with a second mattress. This request was evaluated by medical staff and was denied since there was no evidence of any medical need for the Plaintiff to have a second mattress. Additionally, at no time had the Plaintiff complained to medical staff that his degenerative joint disease was caused by or was being aggravated by inappropriate bedding.
37. On April 12, 2000, the Plaintiff was seen by an orthopedic specialist who recommended that the Plaintiff use a cane and take anti-inflammatory medication. The Plaintiff was somewhat resistant to using a cane and the orthopedic specialist explained why the cane would be beneficial. The Orthopedic specialist stated that when the Plaintiff was ready to discuss

hip surgery it would be reasonable to have this discussion with him.

38. On May 8, 2000, the Plaintiff made a request for two copies of his orthopedic consultations.

39. On May 19, 2000, the Plaintiff's medications were refilled. It was noted that the Plaintiff has a history of degenerative joint disease. The Plaintiff was prescribed Motrin with one refill.

40. On June 26, 2000, the Plaintiff was provided with a copy of his orthopedic consultation, per his May 8, 2000, request.

41. On July 11, 2000, the Plaintiff was treated for a complaint of dry skin. Once again, the Plaintiff failed to make any complaints of left hip pain.

42. On August 22, 2000, the Plaintiff was given a physical examination as a pre-requisite to working in food service. The examination was essentially normal with no medical complaints noted at that time. Once again, the Plaintiff failed to make any complaints of left hip pain.

43. On October 6, 2000, the Plaintiff reported to sick call complaining of sinus congestion. Once again, the Plaintiff failed to make any complaints of left hip pain.

44. On December 20, 2000, the Plaintiff was transferred from F.C.I. Allenwood to F.C.I. Elkton. The record reveals that upon his arrival at F.C.I. Elkton the Plaintiff failed to make any complaints concerning hip replacement surgery.

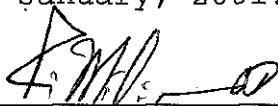
45. As of January 23, 2001, the Plaintiff has not requested to see the orthopedic specialist to discuss having a hip replacement. As a matter of fact, the medical record reveals that the Plaintiff has not complained to Health Services concerning any ailment since his arrival at F.C.I. Elkton.

46. Based on my review of the Plaintiff's medical records, there is no record that the Plaintiff has ever complained that his hip condition was caused by inappropriate bedding. In fact, his record actually reveals that he is suffering from degenerative joint disease.

47. I have attached a copy of the Plaintiff's medical records from January 1, 1997, through January 23, 2001, to my declaration.

I declare that any and all records attached to this declaration are true and accurate copies of records maintained in the ordinary course of business by the Federal Bureau of Prisons. I further declare that the foregoing is true and correct to the best of my knowledge and belief, and is given under penalty of perjury pursuant to 28 U.S.C. §1746.

EXECUTED this 24st day of January, 2001.


R. MIGLIORINO, D.O.
Clinical Director
Federal Correctional Institution
Allenwood, Pennsylvania 17887

NOV-03-00 FRI 04:25 PM

P.04

ADM 1330.13B

Attachment 1

INFORMAL RESOLUTION ATTEMPT

In accordance with Program Statement 1330.13, Administrative Remedy Procedures for Inmates. This form will serve as documentation by the respective staff member and his/her unit manager to indicate an informal attempt to resolve the complaint of the following inmate. Inmates are NOT to complete this form.

NAME: LEE, PAULREG. NO. 01656-087

DATE FORM INITIATED: 02-15-2000 STAFF: C. MOSER 3B
 Date Name UNIT

A BP-229 (13) WILL NOT BE ACCEPTED WITHOUT THIS COMPLETED FORM ATTACHED

1. Nature of complaint (to be completed by staff):

THE "BOP" HAS PROVIDED ME WITH A SUBSTANDARD MATTRESS WHICH HAS CAUSED MY HIP TO DETERIORATE. I HAVE SPOKE TO MR. VARGUS, HEALTH SERVICES ADMINISTRATOR CONCERNING A DOUBLE MATTRESS FOR MY HIP. MR. VARGUS SAID THAT A DOUBLE MATTRESS IS NOT "BOP" POLICY TO PROVIDE INMATES WITH A DOUBLE MATTRESS. I FEEL THAT THE MEDICAL DEPT. IS NEGLIGENT FOR REFUSING TO PROVIDE ME WITH THE APPROPRIATE THINGS TO FURTHER PREVENT MY WORSENING MEDICAL CONDITION.

2. I have read the complaint above as written by Unit Staff and agree it is accurate.

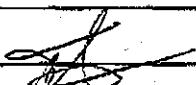
3. Staff Member Assigned to Respond by U/M: C. MOSER, COUNSELOR

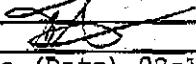
4. Efforts Made to Resolve the Problem:

PER THE BUREAU OF PRISONS ALL INMATES ARE ISSUED ONE MATTRESS. I INSPECTED YOUR MATTRESS AND IT IS NO DIFFERENT THAN THE OTHER INMATES IN UNIT 3B.

5. Applicable Program Statement Used in this Informal Resolution Attempt: N/A

5. Inmate's Response to Informal Remedy Attempt: _____

Prepared by: C. MOSER 

Reviewed BY: TED SHIMKUS 

Original Returned to Inmate (Date) 02-15-2000

NOV-03-00 FRI 04:24 PM

P.02

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

LAST NAME, FIRST, MIDDLE INITIAL	01656-087 REG. NO.	Three-B UNIT	Allenwood INSTITUTION
----------------------------------	-----------------------	-----------------	--------------------------

Part A- INMATE REQUEST

Appealing, informal resolution, The "BOP" has provided me with a sub-standard mattress which has caused my hip to deteriorate. I have spoke to Mr. Vargus, Health Services Administrator concerning a double matress for my hip. Mr. Vargus, said that a double matress is not "BOP" policy to provide inmates with a double mattress. I feel that the medical dept. is negligent for refusing to provide me with the appropriate things to further prevent my worsening medical condition. That a thicker matr is needed to prevent my hip. The one I have now is substandard. A thick mattress would help ease the pain I am having.

02-18-00

DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

R. 21

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

FIRST COPY: WARDEN'S ADMINISTRATIVE REMEDY FILE

CASE NUMBER:

CASE NUMBER:

206522-F

Part C- RECEIPT

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT:

2124100

NOV-03-00 FRI 04:25 PM

P. 03

REQUEST FOR ADMINISTRATIVE REMEDY

LEE, Paul
Reg. No.: 01656-087
Remedy ID: 206522-F1

This is in response to your Request for Administrative Remedy dated February 24, 2000, in which you request a double mattress.

An investigation has revealed that all inmates are issued the same standard mattress according to Bureau of Prisons' policy. A double mattress may be issued for medical reasons. However, a review of your medical records indicates there is no need for a double mattress.

Based on the above information, your request for Administrative Remedy is denied. A double mattress is not medically indicated and staff are not able to issue a thicker mattress. You may sign up for sick call to address any additional medical concerns.

Michael A. Zenk
Michael A. Zenk, Warden

3/10/00
Date

NOV-03-00 FRI 04:25 PM

P.05

U.S. Department of Justice

Federal Bureau of Prisons

Regional Administrator's Remedy Appeal

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-DIR-9 including any attachments must be submitted with this appeal.

Last Name, First, Middle Initial

01656-987

REG. NO.

Three (3)

UNIT

Allentown

INSTITUTION

Part A—REASON FOR APPEAL

Appealing the Warden, order.

According to my medical record I have deteriorate hip, reveal by an doctor which is on contract, with this institution. That the mattress, that I am sleeping on have cause my hip to get this way. That why I am requesting this institution supply me with an double mattress, to help ease the pain that I am having. Plus, I have sent medical service to cop-but requesting to place me their call-out to see their "PA" still I wait.

DATE

SIGNATURE OF REQUESTER

Part B—RESPONSE

R. 23

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

RD COPY: WARDEN'S ADMINISTRATIVE REMEDY FILE

CASE NUMBER: 201527

Part C—RECEIPT

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT:

2

NOV-03-00 FRI 04:25 PM

P.06

LEE, PAULReg. No. 01656-087
Appeal No. 206522-RI
Page One**Part B - Response**

In your appeal, you contend that you are not receiving adequate medical care at FCI Allenwood. You allege that you have been denied a second mattress to alleviate the problem on your hips.

An investigation of your complaint reveals that during a visit with the orthopedic consultant on July 14, 1999, you admitted to having problems with your hips for more than a year. Your x-rays showed that you suffer from severe degenerative arthritis of your left hip. Pain medication and a cane to help alleviate the weight on your hip had been offered to you but you refused. You have also refused to receive injections to relieve the pain and the swelling. New X-rays taken on February 4, 2000 showed that you suffer from bilateral osteoarthritis greater on your left hip than in your right hip. Your ailment is an old chronic condition that had nothing to do with the fact that you are sleeping on a thin or a single mattress. A review of your medical records indicates no need for a double mattress.

Medical staff advises that you are receiving appropriate medical treatment consistent with community standards. Accordingly, your appeal is denied.

If you are dissatisfied with this response, you may appeal to the General Counsel, Federal Bureau of Prisons. Your appeal must be received in the Administration Remedy Section, Office of General Counsel, Federal Bureau of Prisons, 320 First Street, N.W., Washington, D.C. 20534, within 30 calendar days of the date of this response.

Date: April 14, 2000

DAVID M. RARDIN
Regional Director

NOV-03-00 FRI 04:26 PM

P.07

U.S. Department of Justice

Federal Bureau of Prisons

Central Office Administrative Remedy Appeal

361166

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-DIR-9 and BP-DIR-10, including any attachments must be submitted with this appeal.

Lee Paul A.
LAST NAME, FIRST, MIDDLE INITIAL

01656-087

REG. NO.

Three -B Allenwood

UNIT

INSTITUTION

Part A-REASON FOR APPEAL

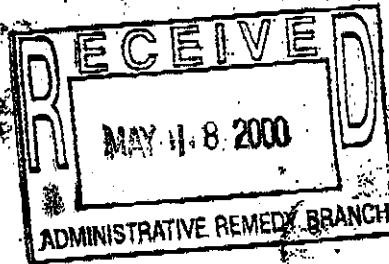
Appealing, Regional answer. The fact that I refuse to take their medication, and shots, is the fear, that what was given to me at FCI- Beckley, Wv, has cause my hip to get stiff and unable to sleep properly on your substandard mattress, and very hard metal bunk beds. How is medical staff advises you that I am receiving appropriate medical treatment, when they refuse to see me when I send them an cop-out requesting to place me on there sick call sign up sheet. I have sent them three cop-out requesting to be seen. I am now using their cane, and taking their medication, because that the only way I am going to get my hip replace, according to your in-house doctor, and orthopedic doctor. That I was seen on 04-12-00 that I am not old, I came into system in very good health, after sleeping on your metal beds, and your very thin mattress, has cause my hip to get this, the shot that was given to me has cause it to get worse, requesting a new mattress to help ease the pain that I am having.

04-16-00

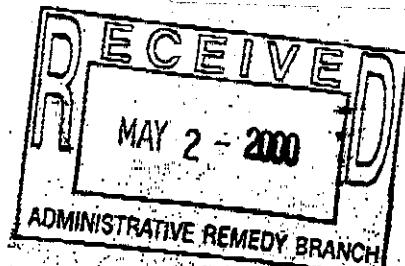
DATE

SIGNATURE OF REQUESTER

Part B-RESPONSE



R. 25



DATE

GENERAL COUNSEL

THIRD COPY: WARDEN'S ADMINISTRATIVE REMEDY FILE

CASE NUMBER

C-RECEIPT

CASE NUMBER

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT:

DATE

SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL

BP-251(13)

APRIL 1982

NOV-03-00 FRI 04:26 PM

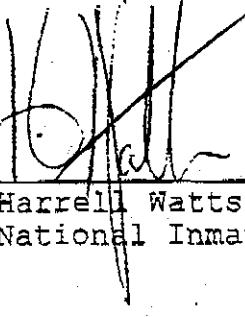
P.08

Administrative Remedy No. 206522-A2
Part B- Response

This is the response to your Central Office Administrative Remedy Appeal in which you request a thicker mattress.

Review of your medical record indicates that you have chronic degenerative joint disease (arthritis) of the left hip. This has been present for several years. You were examined by an orthopedic specialist on July 14, 1999, who concurred with that diagnosis and recommended anti-inflammatory/pain medication with some activity restrictions. X-rays taken of your hip in February 2000, continue to show arthritis in the left hip with some involvement in the right hip. The progression of your condition is not brought about by the type of mattress you are using. A single mattress will not cause your hip to get worse. The recommendations of the Health Services Staff and Orthopedic Surgeon are appropriate. Your appeal is denied.

July 20, 2000
Date


Harrell Watts, Administrator
National Inmate Appeals

AUTHORIZED FOR LOCAL REPRODUCTION

R. 27

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	PROVIDER NAME FCI ELKTON
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
			WARD NO.

Lee, Paw

01654-087

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
EIRMR (41 CFR) 201-9 202-1

01/18/2001 10:19 94247165

ELKTON

PAGE 02

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

8-21-00
(CONT)

EVALUATION FOR ASSIGNMENT TO FOOD SERVICE (CONTINUED)

Results of Hepatitis Serologic Testing (if indicated):

Other Tests Results (as indicated)

A. Qualified for Food Service? YES NOB. Follow up for treatment medically indicated? YES NOIf Yes: placed in appropriate clinic? YES NOSchedule for re-evaluation in 1 Year? YES NO

R. Manenoff PA-C

Robert Manenoff, PA-C

Physician Assistant

10-6-00

S. Sinus congestion. at night causing him to snore. No cough or rhinorrhea

1415

D. HEENT WNL

A. Possible allergy

I. Pt. Ed - use saline spray or CTM

available in commissary

Pt. understands + agrees.

R. Manenoff PA-C

Robert Manenoff, PA-C

Physician Assistant

10/30/00

ADMINISTRATIVE NOTE: Entire chart except for dental copied for City Jeff Fidmann, Supervisory Actg Fcc Allenwood. (202 pages).

1430

W. Rehm, Med Secy

W. Rehm,
Medical Secretary

NSN 7540-00-534-4176

500-

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
8-22-00	S. EVALUATION FOR ASSIGNMENT TO FOOD SERVICE		
PERTINENT MEDICAL HISTORY (Circle appropriate responses below)			
	H/O Tuberculosis	YES	NO
12/20	H/O Positive Mantoux or PPD	YES	NO
	H/O BCG Vaccination	YES	NO
	H/O Jaundice or Hepatitis	YES	NO
	H/O Any Sexually Transmitted Disease	YES	NO
	H/O Intravenous Drug Use	YES	NO
	H/O Positive HIV Serology	YES	NO
	H/O Pulmonary Disease	YES	NO
	H/O Skin Lesions	YES	NO
Explain all YES responses or provide any other history as indicated.			
O. Vital Signs: B/P 120/70 Pulse 68 Resp 16 Temp 98 Wt 21			
FULL SKIN EXAM: Evidence of open sores, skin lesions, wounds, or any contagious skin condition? YES NO			
HEENT EXAM:			
Icterus? YES NO			
Oral, pharyngeal, and nasal mucous membranes lesions? YES NO			
Any tympanic membranes abnormalities? YES NO			
CHEST EXAM: Any adventitious breath sounds? YES NO			
ABDOMINAL EXAM:			
Tenderness? YES NO			
Hepatomegaly? YES NO			
Splenomegaly? YES NO			
GU EXAM			
Penile lesions? YES NO			
Urethral discharge? YES NO			
LYMPH NODES EXAM.			
Any evidence of palpable submandibular, cervical, supraclavicular, axillary or inguinal lymphadenopathy? YES NO			
PPD TESTING: Date Performed 1993			
Results: Negative Positive 15 mm induration			
RPR TESTING: Date Performed 7-8-97			
Results: Non-reactive Reactive dils titer			
HIV TESTING: Date Performed 7-8-92			
Results: Non-reactive Reactive (OVER)			

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprints)

RECORDS
MAINTAINED
AT:

PATIENT'S NAME (Last, First, Middle Initial)

LEE, PAUL

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPARTMENT/SERVICE SSN/IDENTIFICATION NO.

DATE OF BIRTH

R. 29

8-22-00
(CONT)

EVALUATION FOR ASSIGNMENT TO FOOD SERVICE (CONTINUED)

Results of Hepatitis Serologic Testing (if indicated):

Other Tests Results (as indicated)

A. Qualified for Food Service? YES NOB. Follow up for treatment medically indicated? YES NOIf Yes: placed in appropriate clinic? YES NOSchedule for re-evaluation in 1 Year? YES NO

R. Manekoff PA-C

Robert Manekoff, PA-C
Physician Assistant

10-6-00

S. Sinus congestion. at night causing him to snore. No cough or rhinorrhea

1415

O. HEENT WNL

A. Possible allergy

1. Pt. ed- use saline spray or CTM

available in commissary

Pt. understands & agrees.

R. Manekoff PA-C

Robert Manekoff, PA-C
Physician Assistant

ADIOLOGIC CONSULTATION REQUEST/REPORT

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

PATIENT NAME
PAUL LEEACCOUNT NO
49248RADIOLOGY NUMBER
001656087AT THE REQUEST OF
DEBRA SPOTTS LPN
FCI ALLENWOOD
P.O. BOX 2500
WHITE DEER, PA 17887DATE OF BIRTH
04/11/1953AGE/SEX
47/MDATE OF SERVICE
07/19/2000

07/19/2000: 071010 CHEST 1 VIEW FM# 919-00

DIAGNOSIS: Chronic infiltrate right base, no acute infiltrates are observed.

COMMENTS: The heart size is top normal with out vascular congestion. Bronchial thickening and chronic infiltrate is noted in the right base unchanged since the prior study. No acute changes are identified at this time.

ELECTRONICALLY SIGNED
Joseph B. Bellissimo, M.D.
JBB/nw
D&T: 083100

CC: ROBERT MIGLIORINO DO


 A handwritten signature in black ink, appearing to read "ROBERT MIGLIORINO, DO". The signature is somewhat stylized and cursive.

7-11-00 S. pt. clo b. ~~and~~ dry skin or feet and ~~dry~~ nails trimmed.

1732 3. Get lateral dry skin over lateral aspect of feet & fissure

Patent callus

A. Bl. dry skin feet

65725 1. Trim toenails laterally 2. Vaseline gauze b.i.d x 30 days

2. ~~Lab. form lotion apply to affected areas b.i.d x 30 days~~

3. **PATIENT ED. AND INSTRUCTION GIVEN
AND PT VERBALIZES UNDERSTANDING**

ABOUT med use, skin/foot care, gauze - 2 in.

Signature

17324 4. Size 7 shoe inserts

G. Ch. 8/2000

Signature

SN 7540-00-634-4176

600-1

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
5/8/00	ADMINISTRATIVE NOTE: Per written request by Wm, 1304 2 copies of ortho consult dated 12/12/99 and 7/14/99 given to Wm & apothecary. <i>Lee-Anne Whitney, H</i>	
5-19-00	5/meds Refill	
1420	6/Refill P/T/BS HX. P - Plaque 275mg #60 Rx1 Enter Sig: T po. BID	
66230	- ACTived Tab. # 30 Sig: T po. TID x 10 days. PRN	
66231	- TBU 800mg. Tab. #60 Sig: T po. BID 1 Regill - PATIENT ED. AND INSTRUCTION GIVEN AND PT VERBALIZES UNDERSTANDING	
<i>R. B.</i>		<i>R. B.</i> Utilizes Vargas, HSA, msp.
6/16/00	Adm. Note: Per written request by Wm - 1 copy of ortho consult dated 7/14/00. <i>Wm L. Allenwood FCI - Allenwood, Inc. Wm L. Allenwood, Inc. Client</i>	
<i>D. S. S.</i>		<i>D. S. S.</i>

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:	FCI - Allenwood, PO Box 2500, White Deer	
PATIENT'S NAME (Last, First, Middle Initial)	SEX	
Lee, Paul		
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH
	01656-087	

U. S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST - STAFF MEMBER

DATE June 6, 2000

TO: Health Admin. Mr. Vargas
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

Requesting to have surgery done to mine large hernia of my "navel" that may be threatening if the blood supply to mine bulging intestine are cut-off. If mine intestine are cut-off, spreads of germs throughout the abdomen, in the event could cause great pain to me.

Use other side of page if more space is needed

R. 34

NAME: Paul Lee 01656-087
No.: three b
Work assignment: Glenn F/S Unit:

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

Received 7-7-00

DISPOSITION: (Do not write in this space)

DATE 7/7/00

Paul: you need to make Sick call to be evaluated on your Report. if the PA. clinically find that my is necessary and Under BOP Guidelines the H. D. S. will go to the Committee for Approval. *John Vargas*

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
------	---

12/9 BP-362 (INMATE INJURY REPORT)

COMPLETED ON THIS DATE.

12/9
12/9/00

ROBERT MIGLIORINO, D.O.
43001

R.J. Mayshock, P.A.C.

AND IS A REQUEST FOR IMMEDIATE
MEDICAL AND INSTRUCTION CARE

4/12/00

ADMINISTRATIVE NOTE:

ortho clinic

1100

- wants I.M. to use a ~~cast~~ Kors. - I.M. willing to go to ~~cast~~
- but use B/12, work around high impact activities
- Naprosyn 275mg + PO BID x 30 days. MR's

60155

May take it QHS dose if needed not to exceed 2 doses

Rehm

will discuss hip surgery & pt. if he is compliant & have a plan

Johnson

ADMINISTRATIVE NOTE:

4/12/00

Records copied from 2/90 to present to facilitate response to first claim TRT-VER-00-449.

1140

Copies included X-Ray reports, AFDD notes, other concrete medical history report, report of medical exam and medical status form (total 26 pages).

W. Rehm, Medical Secretary

W. Rehm,
Medical Secretary

50 708

L RECORD OF MEDICAL CARE

UT, TREATING ORGANIZATION (Sign each entry)

- Today



R.L. Mayfield, P.A.

facilitate response

- 99-364

to present including
total.

W. Rehm Medical Secretary

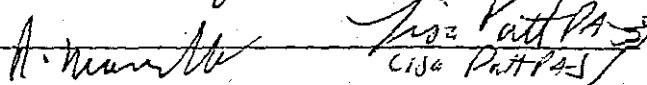
W. Rehm Medical Secretary

> lab work check ups. Right

asym. (R) foot ~~dropped~~ lab on

as (R) foot

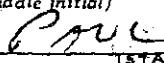
Chem profil



Robert Manenoff, P.A.C.

Physician Assistant

1 hurt. Soak foot warm water

First, Middle initial)	SEX
	
NAME	STATUS
	RANK/GRADE
ORGANIZATION	
IDENTIFICATION NO.	DATE OF BIRTH
01656-087	4-11-57

513-110

NSN 7540-00-634-412

MEDICAL RECORD

CONSULTATION SHEET

183

TO:

Ortho.

FROM: (Requesting physician or activity)
F.A. Terrero-Pena, MLP, PA

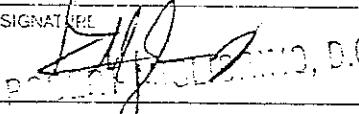
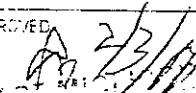
DATE OF REQUEST

1-6-2000

REASON FOR REQUEST (Complaints and findings)

46 y.o. B^o & severe SDD of L Hip.
Please evaluate. Thank you.

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE 	APPROVED 	PLACE OF CONSULTATION ECOSIDE	<input checked="" type="checkbox"/> ROUTINE	<input type="checkbox"/> TODAY
RECORD REVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO	PATIENT EXAMINED <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ON CALL	<input type="checkbox"/> 72 HOURS
CONSULTATION REPORT				

4-12-00 I saw Mr. Paul Lee before. He had some repeat x-rays of his left hip and tells me the hip bothers him, particularly at night. He has refused to use a cane at this point. We talked about it once again. If he requests one and thinks it is of any use, I think it is a good thing to try. He does work out. I think that is great that he is trying to keep his weight under control.

His exam is about the same. He has pain beyond 90° and up at about 90° he wants to abduct somewhat. On internal rotation he goes to just beyond neutral and then he has pain. His distal neurovascular status is grossly intact.

He is only 46 years old, and he may benefit from a good course of Naprosyn or Motrin. He does tell me he takes Naprosyn daily, so I think they can make a balance reason for all of this. His hip doesn't inhibit him from working out, but it is pretty miserable at night. When he wants to talk about a hip replacement I think it would be reasonable to have this discussion with him and perhaps even have Dr. Hahn give him a surgical talk. He is somewhat resistant to the cane, and I told him why I think it would be beneficial to at least try it and give a fair trial at that. I will see him as needed.

John T. Magill, III, M.D./hh

cc: Health Services

(Continue on reverse side)

SIGNATURE AND TITLE

IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.
--------------------	--------------	--------------	----------

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; rank; title; hospital or medical facility)

FCI - ALLENWOOD
PO Box 2500
White Deer PA. 17887

* U.S.G.P.O. 1993 347-790

Lee, Paul A. #01656-087

R. 37

ROSEXT 1/14/05
DATE
183



STANDARD FORM 513 (REV. 8-91)
Prescribed by P.A./ICMR, FIRMR (41 CFR) 201-



933 ZEIGLER ROAD

LEWISBURG, PA 17837

(570) 522-9300

(888) 522-5540

FAX (570) 522-9304

FAX (888) 522-5541

Services

Open MRI

Spiral CT

Mammography

Ultrasound

X Ray

Professional Services
Provided By Tristán
Associates

Jinan O. Bahia, M.D.
Joseph B. Bellissimo, Jr., M.D.
Brian P. Bloom, M.D.
Dean M. Brockmole, M.D.
Milton A. Friedlander, M.D.
Mark A. Guenin, M.D.
James R. Hills, M.D.
Joachim J. Huerter, M.D.
Judith A. Jozefiak, M.D.
Michael J. Mandell, M.D.
Ellen M. O'Mara, D.O.
Albert R. Porter, M.D.
Donald J. Schnapf, D.O.
James W. Warren, M.D.

Affiliated Offices

YORK IMAGING CENTER
1640 South Queen Street
York, PA 17403
(717) 843-6983
(800) 648-7489

TRISTÁN ASSOCIATES
4518 Union Deposit Road
Harrisburg, PA 17111
(717) 652-5840
(888) 452-5840

TRISTÁN ASSOCIATES
32 Northeast Drive
Suite 101
Hershey, PA 17033
(717) 533-1736

Paul Lee 01656-087

Bilateral Hips

02/04/00

COMMENT: AP & frog leg views of both hips were obtained. Degenerative changes of the acetabuli are identified, left greater than right. There is marked bony productive change about the, inframedial and supralateral aspect of the left acetabulum. There is joint space narrowing on the left greater than right. No fractures or acute bony abnormalities are seen.

IMPRESSION: 1) Bilateral osteoarthritis, left greater than right.

Judith A. Jozefiak, M.D.

JAJ/nlw

D&T: 021800

ROBERT MIGLIORINO, D.O.
1/24/00
JAJ

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

02-1-00

DATE

TO: Dr. Migliorino F.C.I. Allenwood

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

Requesting, know what kind of exercise that I am permitted to do here, since you have denied me my right to exercise, because of my degenerative joint disease of the hip.

(Use other side of page if more space is needed)

NAME: Paul Lee

01656-087

NAME:

No.:

F/S

three -b

Work assignment:

Unit:

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

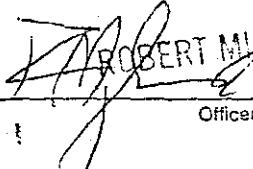
DISPOSITION: (Do not write in this space)

DATE

2/1/00

After reviewing your medical chart, you have
no restrictions listed at this facility.

R. 39



ROBERT MIGLIORINO, D.O.
Officer

BP-S149.070 INMATE REQUEST TO STAFF MEMBER CDFRM

APR 94

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

DATE 12-22-99

TO: Health Service, Doctor, in charge of Orthopedics
(Name and Title of Officer)

SUBJECT: State completely but briefly the problem on which you desire assistance and what you think should be done (Give details).

Requesting to see the Doctor, concerning my left hip, why I am restricted from any actives.

(Use other side of page if more space is needed)

NAME: Paul Lee

01656-087

No.:

Work Assignment: F/S

three (b)

Unit:

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 1-6-2000

You have been referred to Ortho.
 New X-Rays were ordered of your hips. Watch
 call out for X-Rays and then Ortho.

R. 40

P. Penne-Pend

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE INJURY ASSESSMENT AND FOLLOWUP
(Medical)

1. Institution <i>FCI Rockwood</i>	2. Name of Injured <i>LCC Paul</i>	3. Register Number <i>01656-087</i>
4. Injured's Duty Assignment <i>FI</i>	5. Housing Assignment <i>2B</i>	6. Date and Time of Injury <i>12-9-88 0815</i>
7. Where Did Injury Happen (Be specific as to location) <i>FCI</i>	Work Related? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. Date and Time Reported for Treatment <i>12-9-88 0830</i>

9. Subjective: (Injured's Statement as to How Injury Occurred)(Symptoms as Reported by Patient)

Scared 11inches on left hand (car)

✓

Signature of Patient

10. Objective: (Observations or Findings from Examination) <i>Small abrasion on</i>	X-Rays Taken _____	Not Indicated <input checked="" type="checkbox"/>
<i>② 3rd & 4th Fing</i>	X-Ray Results	

11. Assessment: (Analysis of Facts Based on Subjective and Objective Data)

Abrasion

12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up)

ANTIS SEPTIC WASH - BANDAGE & BANDAIDS

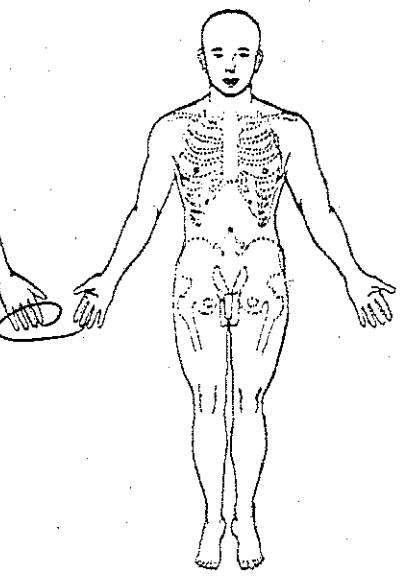
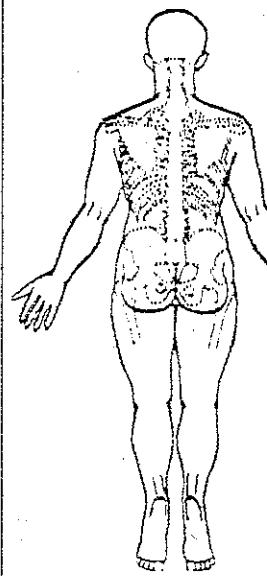
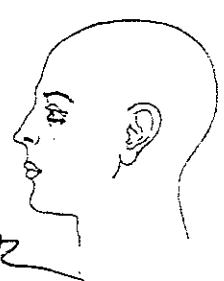
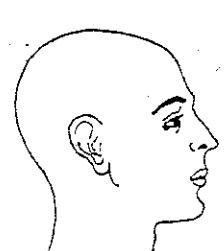
*Ice: 1/2 lbs illo-dex - 1/2 lb undated
gauze - Bandage issued*

13. This Injury Required:

- a. No Medical Attention
- b. Minor First Aid
- c. Hospitalization
- d. Other (explain)

- e. Medically Unassigned
- f. Civilian First Aid Only
- g. Civilian Referred to Community Physician

MAX HULL P.R.
Signature of Physician or Physician Assistant



REPORT OF MEDICAL EXAMINATION

1. LAST NAME-FIRST NAME-MIDDLE NAME <i>LLC Paul</i>				2. GRADE AND COMPONENT OR POSITION —		3. IDENTIFICATION NO. <i>01656-08</i>																																																																																																																																																																										
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)				5. PURPOSE OF EXAMINATION <i>Routine Report</i>		6. DATE OF EXAMINATION <i>9-2-99</i>																																																																																																																																																																										
7. SEX <input checked="" type="checkbox"/>	8. RACE <i>B</i>	9. TOTAL YEARS GOVERNMENT SERVICE <table border="1"><tr><td>MILITARY</td><td>CIVILIAN</td></tr></table>			MILITARY	CIVILIAN	10. AGENCY <i>BSR</i>	11. ORGANIZATION UNIT —																																																																																																																																																																								
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12. DATE OF BIRTH <i>4-11-53</i>	13. PLACE OF BIRTH —				14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN —																																																																																																																																																																											
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS FCI - ALLENWOOD PO Box 2500 White Deer PA 17887				16. OTHER INFORMATION —																																																																																																																																																																												
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS																																																																																																																																																																										
CLINICAL EVALUATION <small>(Check each item in appropriate column, enter "NE" if not evaluated.)</small> <table border="1"> <tr><td>NORMAL</td><td>ABNORMAL</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>18. HEAD, FACE, NECK AND SCALP</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>19. NOSE</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>20. SINUSES</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>21. MOUTH AND THROAT</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>22. EARS - GENERAL (INTERNAL CANALS) (Auditory acuity under items 70 and 71)</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>23. DRUMS (Perforation)</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>24. EYES - GENERAL (Visual acuity and refraction under items 59, 60 and 67)</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>25. OPHTHALMOSCOPIC</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>26. 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<i>(Continue in item 73)</i>																																																																																																																																																																																
44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.) <table border="1"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>Restorable</td><td>1</td><td>2</td><td>3</td><td>Non-restorable</td><td>1</td><td>x</td><td>2</td><td>3</td><td>Missing</td><td>x</td><td>x</td><td>x</td><td>Replaced by</td><td>1</td><td>2</td><td>3</td><td>Fixed Partial dentures</td></tr> <tr><td>32</td><td>31</td><td>30</td><td>Teeth</td><td></td><td>32</td><td>31</td><td>30</td><td>Teeth</td><td>32</td><td>31</td><td>30</td><td>Teeth</td><td>32</td><td>31</td><td>30</td><td>Dentures</td><td>32</td><td>31</td><td>30</td><td></td></tr> <tr><td>0</td><td></td><td></td><td></td><td></td><td>x</td><td></td><td></td><td></td><td>x</td><td></td><td></td><td></td><td>x</td><td>x</td><td>x</td><td></td><td>x</td><td>x</td><td>x</td><td></td></tr> <tr><td>R</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>L</td><td></td><td></td><td></td></tr> <tr><td>I</td><td>02</td><td>01</td><td>00</td><td>09</td><td>08</td><td>07</td><td>06</td><td>05</td><td>04</td><td>03</td><td>02</td><td>01</td><td>00</td><td>09</td><td>08</td><td>07</td><td>E</td><td></td><td></td><td></td></tr> <tr><td>G</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>F</td><td></td><td></td><td></td></tr> <tr><td>H</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>T</td><td></td><td></td><td></td></tr> <tr><td>T</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>								0	1	2	3	Restorable	1	2	3	Non-restorable	1	x	2	3	Missing	x	x	x	Replaced by	1	2	3	Fixed Partial dentures	32	31	30	Teeth		32	31	30	Teeth	32	31	30	Teeth	32	31	30	Dentures	32	31	30		0					x				x				x	x	x		x	x	x		R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L				I	02	01	00	09	08	07	06	05	04	03	02	01	00	09	08	07	E				G																	F				H																	T				T																				
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45. URINALYSIS: A. SPECIFIC GRAVITY								46. CHEST X-RAY (Place, date, film number and result)																																																																																																																																																																								
B. ALBUMIN				C. SUGAR				D. MICROSCOPIC																																																																																																																																																																								
47. SEROLOGY (Specify test used and result)				48. EKG				49. BLOOD TYPE AND RH FACTOR				50. OTHER TESTS																																																																																																																																																																				

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 5'7	52. WEIGHT 223	53. COLOR HAIR BLK	54. COLOR EYES BROWN	55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBES	56. TEMPERATURE _____				
57. BLOOD PRESSURE (Arm at heart level)		58. PULSE (Arm at heart level)							
A. SITTING DIAS.	SYS. 136 136	B. STANDING (5 min.) DIAS.	C. SYS. DIAS.	A. SITTING 72 R	B. AFTER EXERCISE C. 2 MIN. AFTER D. RECUMBENT E. AFTER STANDING 3 MIN.				
59. DISTANT VISION RIGHT 20/ LEFT 20/		60. REFRACTION BY BY		61. NEAR VISION CORR. TO BY					
62. HETEROPHORIA (Specify distance) ES* EX* R.H. L.H. PRISM DIV. PRISM CONV. PC PD									
63. ACCOMMODATION RIGHT LEFT		64. COLOR VISION (Test used and result)			65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED CORRECTED			
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)			68. RED LENS TEST	69. INTRACOCCULAR TENSION			
70. HEARING RIGHT WV /15 SV /15 LEFT WV /15 SV /15		71. AUDIOMETER							
		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
		RIGHT							
		LEFT							

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

UNUSUAL HERITAGE - REACTIVE
OBESITY
BPPV, MCA TCO 1995

75. RECOMMENDATIONS-FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77. EXAMINEE (Check)

A. IS QUALIFIED FORB. IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

R.J. Mayshock, PA-C

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN AND APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

FRAGILE

SEPH HUTTON

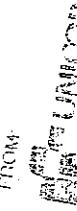
FCI ALLENWOOD HEALTH SVC

RT 15 2 MI N OF ALLENWOOD 654 5502 01182

WHITE DEER

PA 17887-2500

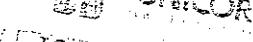
FROM:



PATENT NAME

01656-087 LEE LI12

(FX) FEDERAL EXPRT CLASS



JOSEPH HUTTON

FCI ALLENWOOD HEALTH SVC

RT 15 2 MI N OF ALLENWOOD

WHITE DEER, PA 17887

R	POWER	SPHERES	CYLINDER	AXIS	L IN	△ OUT	△ UP	△ DOWN	C.C.	PRISM		1/2 S CPD 1 - WPD	34.0	
										ADD	HEIGHT	BASE CURVE		
R	-1.50	-1.25	95							6.00			68.0	
L	-1.00	-1.75	85										4.0	
R	SEGMENT												4.0	
L	ADD	HEIGHT	BASE CURVE										6.00	35.00
R														
L														
R														

SINGLE VISION COATED LENS COLOR 6.00 35.00
 LENS STYLE POLYCARBONATE COATED LENS COLOR 5.50 5.50
 SINGLE VISION COATED LENS COLOR 6.00 35.00
 INDUSTRIAL THICKNESS 3.0 MM COATED LENS COLOR 5.50 5.50
 BILLED TO ACCT 9991 COATED LENS COLOR 5.50 5.50
 TOTAL RX PRICE 9991 COATED LENS COLOR 5.50 5.50
 USE FINISHED ONLY

FRAME NAME LAB SUPPLIED FRONT-ASSIS COLOR
 83-84 SMOKE
 184 FRONT STYLE SMOKE
 20 73-83-TN TEMPLE-LESK ZYL SMOKE

PATENT NAME 01656-087 LEE LI12 TOTAL 35.00
 NAME H HUTTON DATE 08/30/99 REF. NO.
 SHIPPING ORDER 5502 I-22963

ATTACH 3D REPORT ALONG HERE ▲ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ▲

- 2nd LINE ▲

BP-S622.060 RADIOLOGIC CONSULTATION REQUEST/REPORT CDFM
AUG 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Patient Identification Name, Register Number, Institution	Age 46	Sex M	EXAMINATION REQUESTED
LEE, Paul 01656-087	Pregnant	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chest
FCI ALLENWOOD, WHITE DEER, PA	Requested by <i>A. Hernandez</i>		Date Requested 7/2/99

Specific reason(s) for request (Complaints and findings)

Hx. + PPD - annual examination

Date of Examination 7/2/99	Date of Report 7/13/99	Date of Transcription 7/16/99	Film # 763-99
-------------------------------	---------------------------	----------------------------------	------------------

Radiologic Report

CREST (SINGLE PA VIEW)

Normal heart and lungs. No pleural, hilar, or mediastinal abnormalities of significance noted. No radiographic changes suspicious of an active TB noted.

IMPRESSION: NORMAL.

Signature
A. Hernandez

Location of Radiologic Facility

FCI ALLENWOOD, PA

WHITE DEER, PA

Original - Medical Record; Copy - Physician; Copy - Radiology
(This form may be replicated via WP)

ATTACH 3D REPORT ALONG HERE ▲ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ▲

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ▲

145622.060 RADIOLOGIC CONSULTATION REQUEST/REPORT ODFRM

AUG 96

U.S. DEPARTMENT OF JUSTICE

44-11-53

FEDERAL BUREAU OF PRISONS

Lee, Paul A.
Oleske-087

Patient Identification Name, Register Number, Institution	Age 44	Sex M	EXAMINATION REQUESTED Drip
	Pregnant <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		Requested by D. Dease PA-S	My request 44-260-99

Specific reason(s) for request (Complaints and findings)

W. ♂ hip bursitis.

Date of examination 6/2/99	Date of Report 6/23/99	Date of Transcription 6/30/99	Film # 634-99
-------------------------------	---------------------------	----------------------------------	------------------

Radiologic Report LEFT HIP

There are no recent fractures nor dislocations. There are no lytic nor blastic lesions seen. Severe degenerative arthritis of the left hip joint is noted, with irregular narrowing of the joint space, cortical sclerosis, & marginal spur formation.

IMPRESSION: SEVERE DEGENERATIVE CHANGES OF THE LEFT HIP JOINT.

Signature

R. J. Schumacher, M.D.

Original - Medical Record; Copy - Physician; Copy - Radiology
(This form may be replicated via WP)

M. D.

PM 6/23/99 R. J. Schumacher, PA.

PM 6/23/99 R. J. Schumacher, PA.

ATF	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION
1.99	S: Pt in for Ortho Consult c Dr. Magill.
135	O: Examined by DR. magill. See consult sheet. A: DJD of D Hip. P: Pt instructed candidate for hip replacement in future. Offered cane and local injection. Whi pt. refused. RTC - PRN.
	<i>F. Terrero-Pena</i> F.A. Terrero-Pena, MLP, PA
14/99	ADMINISTRATIVE NOTE: PT. SEEN BY OPTOMETRY CONSULTANT. SEE CONSULT IN SECTION 2.
700	<i>L. Whitmyre, HIT</i> Lee-Anne Whitmyre, HIT
128/99	ADMINISTRATIVE NOTE: <i>Per [initials] were checked for HIV request by [initials]</i>
1449	<i>a copy of medical records, excluding HIV results. 5 copies given to [initials] via mail.</i>
	<i>L. Whitmyre, HIT</i> Lee-Anne Whitmyre, HIT
13/99	EP-352 (INMATE INJURY REPORT)
1115	COMPLETED ON THIS DATE.
	<i>B.P. Mayshock, PA-C</i>
8-18-99	⑤ Pt. requesting prostate exam. Denies any symptoms, but was 1050 it checked due to his age.
	⑥ Abd - round, soft, N.T. rectal B.S. 54. e masses. Rectal - no hemorrhoids, no enlargement of prostate, firm, non tender, no masses occult bld neg.
	⑦ Faintline prostate exam, no abnormalities found.
	⑧ Dx: PSA ordered
	Rx: <i>8</i>
	PATIENT EDUCATION AND INSTRUCTION Given and PT reviewed, 118.00000000000001 Pat Ed: <i>Given and PT reviewed, 118.00000000000001</i>
	RTC: <i>Per Lab</i>
	<i>M.A. Mayshock, PA-C</i>

NSN 7540-00-634-4176

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

-DATE-

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

4-30-99 (1) unchanged from previous

cont. (A) 1 URI-Viral

(P):

PATIENT EDUCATION AND INSTRUCTION
GIVEN AND PT-VERBALIZES UNDERSTANDING
ABOUT Can get CTMS

pt. requests refill Actifed/Humabid

from commissary

Request Denied. Requests "lit

yellow pills.

(2) RTC pin or if sx worsen.

A. M. W.

Robert Menenoff, PA-C
Physician Assistant3/3/99
ROBERT MENENOFF, PA-C

D. J. Lee, PA

Dawn Dine

6-23-99 Admin note: Patient did not show for sick call appt.

1545

M. Anthony Bryant, PA-C

7-6-99

S. ft. here to discuss x-ray result.

1245

O. w. exam done

A. DJJ (1) Hip

P. ft. Ed. - DO: explained to pt. 2 various Tx options.

explained that he will see orthopedic specialist RECDR 5

ft. agrees to understand

R. Menenoff, PA-C

Robert Menenoff, PA-C
Physician Assistant

R. 48

PATIENT'S IDENTIFICATION (Use this space for Mechanical
Imprint)RECORDS
MAINTAINED
AT:

PATIENT'S NAME (Last, First, Middle initial)

SEX

Lee, Paul

RELATIONSHIP TO SPONSOR

STATUS

RANK/ GRA

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

DATE OF B

011656-087

4-11-5

FCI

Allenwood

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION
4-26-99 1440	<p>(S): Pt. c/o nasal d/c (white) & congestion; single sputum. Also c/o hernia & hx. (D)hip bursitis</p> <p>(O): T 97.1° F</p> <p><u>HEENT:</u> NC/AT. \ominus sinus tenderness; PERLA/EDM. E/ed/c. canals clear, TM's gray & light reflex. <u>Neck:</u> Lymphadenopathy. <u>Lungs:</u> CTAB. 3 Adventitia. <u>CV:</u> RRR</p> <p><u>Abd:</u> soft/round NT/ND. \pm organomegaly. \oplus umbilical hernia - reducible & strangulation/irritation.</p> <p><u>D hip:</u> \downarrow ROM all fields, \oplus point tenderness over joint \pm erythema or signs of active inflammation.</p> <p>(A): 1. URI - viral 2. umbilical hernia 3. D hip bursitis by hx.</p> <p>46351 (D): Rx: ibuprofen \dagger po 315 x5d.</p> <p>46352 Acifed \dagger po TID x5d.</p> <p>46353 Motrin 400mg \dagger - \ddagger q 12-8° or prn for pain x10d</p> <p>M. Potter, RPh. Pharmacist</p> <p>X-rays: X-ray D hip</p> <p>A. Manenoff, PA-C Robert Manenoff, PA-C Physician Assistant</p> <p>PATIENT EDUCATION AND INSTRUCTION GIVEN AND PT VERBALIZES UNDERSTANDING ABOUT <u>Deltoiditis</u></p> <p>(1) meds & side effects (2) f/u: RTA prn (3) consult for ortho written</p> <p><i>S. Kleg PA Dawn Bluge</i></p>
4-30-99 1300	<p>(S): "The medication you gave me is not working."</p> <p>Pt. still c. white nasal d/c, congestion, cough. Medicines will run out tomorrow.</p> <p>Pt. denies any A in sx or severity (cont)</p>

NSN 7540-00-634-4176

60

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

INMATE ARRIVED FCI ALLENWOOD on 11/16/98 at 2020 hours - TRANSFER from FCI BECKLEY.

J. WILLIAMSON, HIT

J. Williamson, HIT

4-19-99 ① Patient (o, "my glasses are causing dark places under my eyes" States glasses were prescribed at FCI Beckley with his personal ~~frame~~ ^{frame made 4/19/99} glasses we found, not to be strong enough: Optometry prescribed current glasses + frames. States - The officers keep asking me who hit me in the eyes -

② Eyes - PERLA, EOM's intact. Lower orbits show hyperpigmented skin with the pattern of the frame clearly visible. Orbit is tender to palpation, a edema is noted.

③ Hypopigmentation of skin of lower orbits. R/o hypersensitivity to frame of glasses.

④ Rx: Optometry consult to re-evaluate prescription and install lenses into personal frames.

Rx: E

Pat Ed: PATIENT EDUCATION AND INSTRUCTION
GIVEN AND PT VERBALIZES UNDERSTANDING
ABOUT optometry consult.

wear glasses only when work

as needed until seen by optometry.

RTC: Rx as per optometry opt.

MM 4/19/99
ROBERT MIGLIORINO, D.O.

m. Bryant, PA-C

R. 50

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

FCI - ALLENWOOD
PO Box 2500
White Deer PA 17887

RECORDS MAINTAINED AT:	PATIENT'S NAME (Last, First, Middle initial)		SEX
PATIENT'S NAME (Last, First, Middle initial)		SEX	
LEE, Paul A		M	
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
	0110516-087	4-11-5	

NSN 7540-00-834-4178

600-108

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

11/2/98 S. have (O) hep arthrt's
 0842 need pain med
 NJCA O+A hip pain by hx
 P Motrin 800 TID prn x300
 Edre dx to Rx comp. Dr. N.P.
 Kent Officer, Rph ✓
 Federal Transfer Center, OK
 Mark Jones, RN
 Contract Nurse
 FTC, Oklahoma City, OK

R. 51

PATIENT'S IDENTIFICATION (Use this space for Mechanical
Imprint)

Lee Paul
 01656087
 3 A

RECORDS MAINTAINED AT:			
PATIENT'S NAME (Last, First, Middle initial)			SEX
RELATIONSHIP TO SPONSOR		STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	

BP-S149-060 MEDICAL RECORD OF FEDERAL PRISONER IN TRANSIT CFRM

JUL 96

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TB Clearance		Name: <u>Lee, Paul</u>		Reg. No. <u>01656-087</u>
PPD Completed:	<u>3/10/95</u>	Departed From:	<u>FCC (Beckley)</u>	Date Departed: <u>10/26/98</u>
Results:	<u>15</u> mm	Destination:	<u>ALM</u>	Reason for Transfer: <u>(200)-negative</u>
Interpreted as:	<u>POS</u> (Positive or Negative)	Name of Institution		
CXR Completed:	<u>7/1/98</u> (Date)	Special Instructions: <u>Blood and Body Fluid Precautions</u>		
Results:	<u>WNL</u>	<u>NO KNOWN ALLERGIES</u>		
Note: Date(s) listed above must be within one year of this transfer.				
Diagnoses: 1. <u>Hx. A+ VBD</u> 4.				

Note: Date(s) listed above
must be within one year of
this transfer.

No inmate may be transferred to any BOP facility unless either PPD or CXR results are satisfactory for medical clearance.

MEDICATION FOR CARE ENROUTE

Medication	Dose	Route	Instructions for Use (Include proper time for administering)	Stop
WONG				

Signature of Certifying Medical Staff Member

Title

Date Signed

10/23/88

PROGRESS NOTES ENROUTE

Date	Time	Institution	Symptoms, Findings, Medications, Treatment, Order, Etc.
10/27/98	1400	FCI-OKC	Over for transfer. <i>ED</i>
Federal Transfer Center Oklahoma City, OK	OCT 26	1998	<p>Food or Drug Allergies: _____</p> <p>NKA; Allergies: _____</p> <p>Current Medical Status: _____</p> <p>No Complaints; Complaint of _____</p> <p>TB Signs and Symptom (s): NONE; _____</p> <p>cough, hemoptysis, night sweats, wt. loss</p> <p>Medication Times</p> <p>once daily = 6:00 a.m.</p> <p>2x daily = 6:00 a.m. & 3:00 p.m.</p> <p>3x daily = 6:00 a.m., 12:30 p.m., 3:00 p.m. & 9:00 p.m.</p> <p>4x daily = 6:00 a.m., 12:30 p.m., 3:00 p.m., 9:00 p.m.</p> <p>Other: _____</p> <p>FCI-OKC</p>
Medication: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Hot Meds: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Meds Issued: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Lice Seen: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Signature & Stamp			
<p>Brian Cronenwett, LT,  Registered Nurse Federal Transfer Center, OKC, OK</p> <p>11-16-98 1945 PCI-ALM reviewed BP 360/210 B/P inc 100 mg CLO presently & lice seen Attach SF-600 if additional space is required. <i>U/Han</i></p>			

Record copy - Transporting Officer; Copy - Health Record (Top page, Position one); Copy - Transferring institution

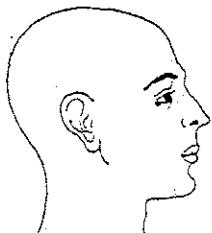
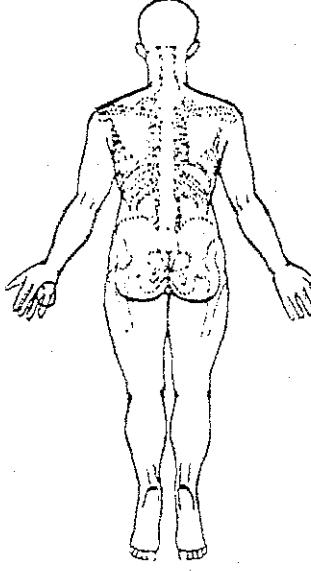
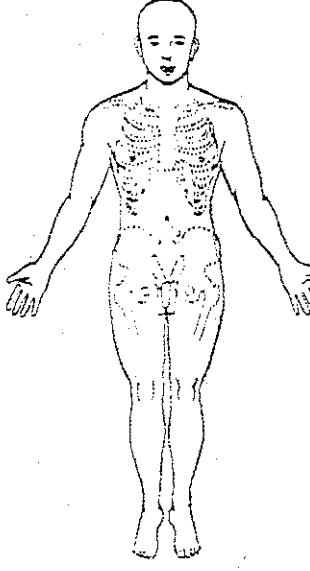
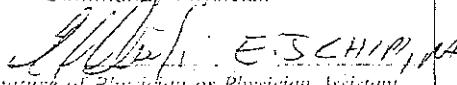
R. 52

U.S. DEPARTMENT OF JUSTICE

Federal Bureau of Prisons

INMATE INJURY ASSESSMENT AND FOLLOWUP

(Medical)

1. Institution <u>FCC BUCKLEY</u>	2. Name of Injured <u>Lee, Paul</u>	3. Register Number <u>01656087</u>
4. Injured's Duty Assignment <u>Food Service</u>	5. Housing Assignment <u>Yard A Upper</u>	6. Date and Time of Injury <u>8/25/98 0600</u>
7. Where Did Injury Happen (Be specific as to location) <u>Food Service, Lee way</u>	Work Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Date and Time Reported for Treatment <u>8/25/98 0645</u>
9. Subjective: (Injured's Statement as to How Injury Occurred)(Symptoms as Reported by Patient) <u>The guy said something I did not hear and was upset.</u>		
Signature of Patient		
10. Objective: (Observations or Findings from Examination) <u>Has runny, bleeding</u>	X-Rays Taken <u></u>	Not Indicated <u></u>
<u>Laceration to metacarpal fat. FKOY, no skin.</u>		
11. Assessment: (Analysis of Facts Based on Subjective and Objective Data) <u>① Minor Laceration. 879.6(A)</u> <u>② Confusion.</u>		
12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up) <u>① Triple antibiotic twice a day</u> <u>② Keep wound dry & clean.</u>		
13. This Injury Required:		
<input type="checkbox"/> a. No Medical Attention <input checked="" type="checkbox"/> b. Minor First Aid <input type="checkbox"/> c. Hospitalization <input type="checkbox"/> d. Other (explain) <input type="checkbox"/> e. Medically Unassigned <input type="checkbox"/> f. Civilian First Aid Only <input type="checkbox"/> g. Civilian Referred to Community Physician		
  		
 Signature of Physician or Physician Assistant		

Self Carboned Form - If ballpoint pen is used, PRESS HARD

Original - Medical File

Canary - Safety

Pink - Work Supervisor (Work related only)

Gold - Non-Work Supervisor

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE IN. ASSESSMENT AND FOLLOWUP
(Medical)

1. Institution FCI ALLENWOOD	2. Name of Injured LEE Paul	3. Register Number 01656-087
4. Injured's Duty Assignment FS AM	5. Housing Assignment 3B	6. Date and Time of Injury 8-13-99 1110
7. Where Did Injury Happen (Be specific as to location) FS DORMITORY AREA	Work Related? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. Date and Time Reported for Treatment 8-13-99 1115

9. Subjective: (Injured's Statement as to How Injury Occurred)(Symptoms as Reported by Patient)

**CARRIED 2 ROLLS OF PLASTIC CLOPS - HARSH
WALL - CAUGHT SLEEVES ON METAL BOX & CUT
BOTH FINGERS ON PLASTIC**

CL
Signature of Patient

10. Objective: (Observations or Findings from Examination) DEEP ABRASION (R) 4MM	X-Rays Taken _____	Not Indicated _____
	X-Ray Results	

FINGER DISTAL END @ NAIL ROOT AREA

11. Assessment: (Analysis of Facts Based on Subjective and Objective Data)

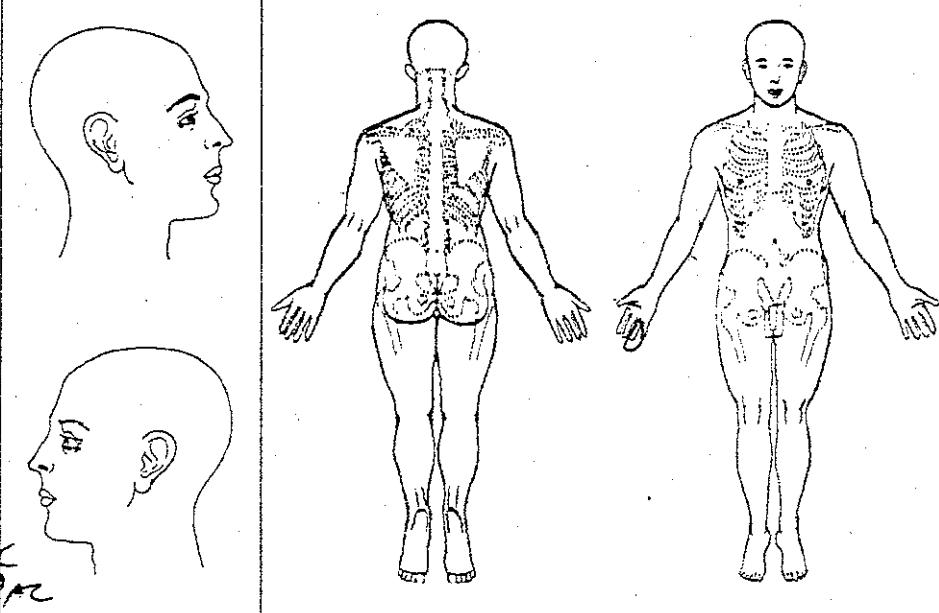
ABRASION

12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up)

**ANTISEPTIC WASH - BACTERIAL DRESSING - EDUCATE
TO KEEP CLOTHES DRY - 2 GLOVES ISSUED.**

13. This Injury Required:

- a. No Medical Attention
- b. Minor First Aid
- c. Hospitalization
- d. Other (explain)
See 12
- e. Medically Unassigned
- f. Civilian First Aid Only
- g. Civilian Referred to Community Physician



Dr. Paul
Signature of Physician or Physician Assistant

Original - Medical File

Canary - Safety

Pink - Work Supervisor (Work related only)

Gold/red - Correctional Supervisor

Self Carboned Form - If ballpoint pen is used, PRESS HARD

513-110

NSN 7540-00-634-412

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting physician or activity)	DATE OF REQUEST
ORTHO	FOR MED	7-24-88

REASON FOR REQUEST (Complaints and findings)

REFER TO YOUR CONSULT OF 8-4-87. HIS RETURNED. PT ACCUS
LIKE ANOTHER STEROID INJECTION.

PROVISIONAL DIAGNOSIS

Piriformis syndrome

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	<input type="checkbox"/> ROUTINE	<input type="checkbox"/> TODAY
<i>Faithful, Jr. P. Diambra PA</i>	<i>REGGON-RIVERA</i>	<input type="checkbox"/> BEDSIDE	<input type="checkbox"/> ON CALL	<input type="checkbox"/> 72 HOURS
	<i>COL BECKLEY</i>	<input type="checkbox"/> CONSULTATION REPORT	<input type="checkbox"/> EMERGENCY	

RECORD REVIEWED YES NOPATIENT EXAMINED YES NO

1300 1
20 Appoint
P. Show
N.J. play

R. 55

(Continue on reverse side)

SIGNATURE AND TITLE	DATE
---------------------	------

IDENTIFICATION NO LGE	ORGANIZATION	REGISTER NO.	WARD NO.
--------------------------	--------------	--------------	----------

PATIENT	PAUL A B/R/0/04-11-1953 HT/506 WT/205 CUSTODY/IN	01656-087 ie: rank; rate; hospital or medical facility HR/BK EY/BM
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CONSULTATION SHEET

Medical Record

LEE, PAUL A. -- 01656-087

7-14-99 Mr. Lee is 46 years old. He says that he never had any trouble with his hip before, but he has been having pain for a couple of years, while he has been in the system. There was no trauma beforehand. Overall he is healthy. He says that he takes no medication and that he has no blood problems, etcetera. At any rate, some x-rays were taken that show what is described as severe degenerative arthritis of the left hip. The x-rays are not available for my review today.

On examination today he flexes to about 90 degrees and then he has discomfort. Essentially he has no internal rotation from there. He comes to about neutral. He has about 15 degrees of external rotation. He flexes the same. Abduction is about 10 to 15 degrees less than that of his right hip.

I talked to him about using a cane. He tried ibuprofen in the past but that didn't seem to help. Perhaps the combination of the two will be of some value. He is awfully young to have a hip replacement, but that may be the best choice for him, depending upon how much pain he has. Certainly he would have to understand the risks of proceeding in that fashion. He complains of lateral-sided discomfort a little above the trochanteric area. We talked about an injection into the trochanteric area. He had one there a couple of years ago. He is sore just above the usual position for trochanteric bursitis. Mr. Lee does not want an injection. He does not want to use a cane.

I would be happy to review the films when they become available.

John T. Magill, III, M.D./als

cc: Health Services, FCI Allenwood

8/11/99
ROBERT MIGLIORINO, D.O.

MEDICAL RECORD

Ortho Clinic

REASON FOR RECORD

PE & hx. of hip bursitis. States it is currently painful. Exam shows ↓ ROM; point tenderness; however no erythema or edema was noted. X-ray of hip ordered.

PROVISIONAL DIAGNOSIS

① hip bursitis

DOCTOR'S SIGNATURE

A. Maserink

RECORD REQUESTED TODAY TOMORROW

CONSULTATION SHEET

REQUEST

RECEIVED FROM
PO BOX 2500
ALLENWOOD
PA 17887

DATE OF REQUEST

4-26-99

ROBERT MIGLIORINO, DO
REPORTER
PLACE OF CONSULTATION
OFFICE
TIME OF CONSULTATION
OFFICE
CONSULTATION REPORT
IMMEDIATE EXAMINED YES NO ROUTINE TODAY 72 HOURS EMERGENCY

7-14-99 See the attached dictated note - JTM/als

R. 57

(Continue on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

OPERATING ROOM

REGISTER NO.

WARD NO.

PATIENT'S IDENTIFICATION # (or typed or written in boxes) Name: Last, first, middle, grade: rank, rate, hospital or medical facility

Lee, Paul A.

D4516 097

CONSULTATION SHEET

Medical Record

A & O EXAMINATION - WEEK OF

Inmate Name: LEE, PaulReg. No. 016056-087

Medical Duty Status:

Clinics: (check next due date)

- Allergic to Wool
- No Sports/No Weight Lifting
- No Excess Cold/Wind
- Glasses Required for Driving
- No Work in High Noise Areas
- No Ladders/No Upper Bunk
- No Excess Sun
- Lower Bunk Required
- No Driving-Medical Condition
- No Duty Due to Medical Condition
- No Food Service
- Pollution Free Area
- Not Medically Cleared
- Orthopedic Shoes
- Regular Duty-No Restrictions
- Regular Duty With Restrictions
- Soft Shoes
- Special Diet-Medical Condition
- No Prolonged Standing
- No Lifting Over 15 lb.
- No Lifting Over 20 lb.
- No Lifting Over 25 lb.
- Cleared For Food Service
- Other Comments:

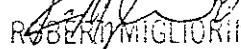
- Hypertension
- Cardiac
- Pulmonary
- Diabetic
- General
- Infectious Disease
- Mental Health

Disabilities: (note disability and any necessary accommodations)

PPD Status:

Date of Last PPD 3-10-95 ✓
Last PPD Result +15 mm ✓If Positive PPD:
Date of Last CXR 7-1-98 ✓
TB Prophy Code: 795.5 B ✓
TB Prophy Dates 10-20-95 ✓
(may be by hx or n/a)Practitioner's Initials: MToday's Date: 11-27-98

Chart /MDS's / SMD's Reviewed:


ROBERT MIGLIORINO, D.O.

Clinical Director's Signature

FCI Allenwood
P. O. Box 2500
White Deer, PA 17887**please place this file in
Dr.'s box if signature is
needed on physical examCURRENT STATUS (PER SENTRY) ARE HIGHLIGHTED
PLEASE REVIEW CHART FOR APPROVAL OR CHANGES

R. 58

BP-S354.060 INTAKE SCREENING (MEDICAL) CDFRM

NOV 94

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution	Date of Arrival	Time of Arrival
FCI-ALM	11-16-98	1830
Inmate's Name	Register Number	
Lec, Paul	01656-087	

MEDICAL CLEARANCE

1. BP-149(60) reviewed? yes; no (Explain)

2. General Population Housing Approved? yes; no (Specify limitation or need)

3. Approved for Temporary Work Assignment? yes; no (Specify limitations or exclusions)
no barbershop, food service/or
hospital until cleared by PA.

4. For Holdovers: OK for Continued Transport? yes; no (Explain)

5. Disabilities? yes no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:

Medical Staff Signature	Date	Time
Dionne L. Lantz, RN	11-16-98	1945
Medical Staff Title	Registered Nurse	

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)

Replaces BP-354(60) of APRIL 1990
and BP-S354 of AUG 1994

U.S. Department of Justice
Federal Bureau of Prisons

MEDICAL HISTORY REPORT

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY CONFIDENTIAL USE ONLY
AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME <i>Lee Pau A</i>		2. REGISTER NUMBER <i>01656-087</i>	
3. PURPOSE OF EXAMINATION <i>intake screening</i>		4. DATE OF EXAMINATION <i>11-16-98</i>	
5. EXAMINING FACILITY <i>FCI-ALM</i>		5. EXAMINING FACILITY <i>FCI-ALM</i>	
5. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint arises) <i>"Good" / "meds"</i>			
7. HAVE YOU EVER (Please check each item)			
YES NO		(Check each item)	
<input checked="" type="checkbox"/>		Lived with anyone who had tuberculosis	
<input checked="" type="checkbox"/>		Coughed up blood	
<input checked="" type="checkbox"/>		Bled excessively after injury or tooth extraction	
<input checked="" type="checkbox"/>		Attempted suicide	
<input checked="" type="checkbox"/>		Been a sleepwalker	
8. DO YOU (Please check each item)			
YES NO		(Check each item)	
<input checked="" type="checkbox"/>		Wear glasses or contact lenses	
<input checked="" type="checkbox"/>		Have vision in both eyes	
<input checked="" type="checkbox"/>		Wear a hearing aid	
<input checked="" type="checkbox"/>		Sputter or stammer habitually	
<input checked="" type="checkbox"/>		Wear a brace or back support	
9. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)			
YES NO		(Check each item)	
<input checked="" type="checkbox"/>		Scarlet fever	
<input checked="" type="checkbox"/>		Rheumatic fever	
<input checked="" type="checkbox"/>		Swollen or painful joints	
<input checked="" type="checkbox"/>		Frequent or severe headache	
<input checked="" type="checkbox"/>		Dizziness or fainting spells	
<input checked="" type="checkbox"/>		Eye trouble	
<input checked="" type="checkbox"/>		Ear, nose, or throat trouble	
<input checked="" type="checkbox"/>		Hearing loss	
<input checked="" type="checkbox"/>		Chronic or frequent colds	
<input checked="" type="checkbox"/>		Severe tooth or gum trouble	
<input checked="" type="checkbox"/>		Sinusitis	
<input checked="" type="checkbox"/>		Hay Fever	
<input checked="" type="checkbox"/>		Head injury	
<input checked="" type="checkbox"/>		Skin diseases	
<input checked="" type="checkbox"/>		Thyroid trouble	
<input checked="" type="checkbox"/>		Tuberculosis	
<input checked="" type="checkbox"/>		Asthma	
<input checked="" type="checkbox"/>		Shortness of breath	
<input checked="" type="checkbox"/>		Pain or pressure in chest	
<input checked="" type="checkbox"/>		Chronic cough	
<input checked="" type="checkbox"/>		Palpitation or pounding heart	
<input checked="" type="checkbox"/>		Heart trouble	
<input checked="" type="checkbox"/>		High or low blood pressure	
<input checked="" type="checkbox"/>		Cramps in your legs	
<input checked="" type="checkbox"/>		Frequent indigestion	
<input checked="" type="checkbox"/>		Stomach, liver, or intestinal trouble	
<input checked="" type="checkbox"/>		Gall bladder trouble or gallstones	
<input checked="" type="checkbox"/>		Jaundice or hepatitis	
YES NO		(Check each item)	
<input checked="" type="checkbox"/>		Adverse reaction to serum drug or medicine	
<input checked="" type="checkbox"/>		Broken bones	
<input checked="" type="checkbox"/>		Tumor, growth, cyst, cancer	
<input checked="" type="checkbox"/>		Rupture/hernia	
<input checked="" type="checkbox"/>		Piles or rectal disease	
<input checked="" type="checkbox"/>		Frequent or painful urination	
<input checked="" type="checkbox"/>		Bed wetting since age 12	
<input checked="" type="checkbox"/>		Kidney stone or blood in urine	
<input checked="" type="checkbox"/>		Sugar or albumin in urine	
<input checked="" type="checkbox"/>		VD—Syphilis, gonorrhea, etc.	
<input checked="" type="checkbox"/>		Recent gain or loss of weight	
<input checked="" type="checkbox"/>		Arthritis, Rheumatism, or Bursitis	
<input checked="" type="checkbox"/>		Bone, joint or other deformity	
<input checked="" type="checkbox"/>		Lameness	
<input checked="" type="checkbox"/>		Loss of finger or toe	
<input checked="" type="checkbox"/>		Painful or "Trick" shoulder or elbow	
<input checked="" type="checkbox"/>		Recurrent back pain	
<input checked="" type="checkbox"/>		"Trick" or locked knee	
<input checked="" type="checkbox"/>		Foot trouble	
<input checked="" type="checkbox"/>		Neuritis	
<input checked="" type="checkbox"/>		Paralysis (include infantile)	
10. FEMALES ONLY HAVE YOU EVER			
<input checked="" type="checkbox"/>		Been treated for a female disorder	
<input checked="" type="checkbox"/>		Had a change in menstrual pattern	
<input checked="" type="checkbox"/>		ARE YOU PREGNANT	
<input checked="" type="checkbox"/>		SUSPECT YOU ARE PREGNANT	
11. WHAT IS YOUR USUAL OCCUPATION?			
R. 60			
12. ARE YOU (Check one)			
<input checked="" type="checkbox"/>		Right handed	
<input checked="" type="checkbox"/>		Left handed	

CHECK EACH ITEM YES OR NO EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE BELOW

YES	NO	YES	NO
13. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.		18. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	
B. Inability to perform certain motions.		19. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	
C. Inability to assume certain positions.		20. Have you ever been rejected for military service because of physical, mental, or other reason? (If yes, give date, and reason, for rejections.)	
D. Other medical reasons (If yes, give reasons.)		21. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability.)	
14. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)		22. Have you ever received, is there pending, or have you applied for pension, or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)	
15. Have you ever been denied life insurance? (If yes, state reason and give details.)			
16. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)			
17. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)			

EXPLANATION: (#13-22 ABOVE)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record.

TYPED OR PRINTED NAME OF EXAMINEE: *Paul Lee*SIGNATURE *TL*

INTAKE SCREENING:

INMATE RECEIVED FROM: COURT TRANSFER P.V. OTHER

MEDICAL STAFF'S COMMENTS AND OBSERVATIONS: PLEASE DIRECT YOUR ANSWERS TO MENTAL STATUS, POTENTIAL SUICIDE, APPEARANCE, CONDUCT, STATE OR CONSCIOUSNESS, RASHES, JAUNDICE, BRUISES AND/OR MARKS, SWEATING, BODY DEFORMITIES, ETC. NOTE OBSERVATIONS IN BLOCK 23 BELOW.

IF DRUGS HAVE BEEN USED, NOTE TYPE, HOW LONG, HOW MUCH, HOW OFTEN, HOW USED. WHEN WERE THEY LAST USED: HAVE

THERE BEEN ANY PROBLEMS SINCE STOPPING THE USE OF DRUGS OR ALCOHOL? DOES PATIENT NEED TO BE SEEN IMMEDIATELY BY THE MEDICAL STAFF YES NO

WHAT ARRANGEMENTS HAVE BEEN MADE? _____

DUTY STATUS: TEMPORARY WORK RESTRICTED GENERAL POPULATION YES NO

TYPE AND EXTENT OF LIMITATION _____

23. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in item 6 through 22. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

① Hearing loss (L ear).
② C/o (L) hip bursitis

BP-S354.060 INTAKE SCREENING (MEDICAL) CDFRM

NOV 94

U.S. DEPARTMENT OF JUSTICE

(Medical staff shall complete this section
Institution)

Institution Date of

Inmate's Name

M E D I C A L

1. BP-149(60) reviewed? yes; no (Explain)2. General Population Housing Approved? yes; no (Specify limitation or need)3. Approved for Temporary Work Assignment? yes; no (Specify limitations or exclusions)4. For Holdovers: OK for Continued Transport? yes; no (Explain)5. Disabilities? yes no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:

Medical Staff Signature

Date OCT 26 1998

Time

Medical Staff Title

Brian Cronenwett, LT;
Registered Nurse
Federal Transfer Center, OKC, OKRecord Copy - Inmate Central File; copy file
(This form may be replicated via WP)Replaces BP-354(60) of APRIL 1990
and BP-354 of AUG 1994

NSN 7540-00-534-4178

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
8/24/98	0905. NO Show SIC 0830 Appointment / Blanked
9-15-98	S- See ortho consult 7-24-98. would like steroid in lesion
0730	O- DIFFER.
<u>S Hu</u>	A- PIRIFORMIS SYNDROME
	P+E - ① INJECTION 25 MG T TO PC #2.1
	② RG - INITIATE CONSULT
	PA
	P. Diagn -

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:		
PATIENT'S NAME (Last, First, Middle Initial) <i>Loy, Paul</i>		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO. <i>61150-1687</i>	DATE OF BIRTH

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7-24-88	S - #1 UMBILICAL HERNIA. #2 (C) HIP PAIN - See ortho consult of 0840 6-4-87.
T-88	
P-80	O - 3.5cm UMBILICAL HERNIA, PROBABLE S B.S.
P-12	A - UMBILICAL HERNIA - NON INCARCERATED
R/P <u>130</u> <u>82</u>	PIRIFORMIS SYNDROME
	PH - (1) NO TX FOR HERNIA (2) PT consults re: Hernia INCARCERATION. (3) REFER TO DR. BATEMAN FOR STRAIN IN LUMBAR CONSIDERATION. (4) NO <u>NEED</u> FOR <u>LOW BACK</u> . (5) INDOCIN 25. T NO PC #21 P+1 Pd -
	P. Diambra PA
8/14/98	S: "I have a boil"
HR 87	O: On exam pt. has an
BD-153/84	infected hair follicle on
T-98-8	inner thigh.
0850	A: BD-153/84 V: C. Koffler 500 mg i/w 1310 #20 (6) Isoniazid 250 mg i/w TID #15 (7) Educated abt Tx.
	<i>E.J. O'KEELEY, PA</i>

JSN 7540-00-634-4176

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
5-14-98	S. BP 128/82 HR 77 T. 97 ²
0855	S-C/o Pain (1) elbow - Started last wk - in activity while rolling P- O- (1) elbow tender to palpation over the distal 3 ^{1/2} just above the elbow flexor surface. Flex. elbow 90° - normal. Diagnosis: S-C A (1) Sclerotic S-C P- Worsen 400 ft 28' 2' after breakfast of eggs - b ² coffee, juice, mai & orange E. ROMERO, PA
	<i>Hand</i> S. Dittert, Eph

5/22/98	I have a bad cold set on chest & hntz
0857-0	ft temp 45 ^{1/2} bluish & t' examinee after stated last one
T 100 ²	adult man com: b/l tonsil's bulgy nose clear rhinorrhea
P. 76	lungs: clear 1-2 throat: red injected in places
Med 14-A	URI (strep-throat)
158/46	Anal temp T po T 5.0 A 30

① ctin w/ T po 0.25 #20
 ② Tylenol 500mg T po q4-6 hrs prn fever #20
 ③ Admin to t' two 500mg tablets and one 600mg salt water
 ④ LTC if one week x reevaluation or in p.c.l.

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)


 Federal Correctional Institution
 Beckley, WV 25813

REL	LEE	01656-087
MAI	PAUL A	
PAT	B/M/0/04-11-1953	
REL	HT/508 WT/205 HR/BK EY/BN	
SPO		
DEP.		
DATE OF BIRTH		

REPORT OF MEDICAL EXAMINATION

1. LAST NAME - FIRST NAME - MIDDLE NAME <i>Lea, Paul</i>				2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO. <i>01656-087</i>																																																																																																																					
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) <i>17-163 6. V. m white 11, NJ 07602</i>				5. PURPOSE OF EXAMINATION <i>A+O</i>		6. DATE OF EXAMINATION <i>3-15-95</i>																																																																																																																					
7. SEX <i>M</i>	8. RACE <i>131K</i>	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY <i>GP</i>		11. ORGANIZATION UNIT <i>FC7 mckea</i>																																																																																																																					
12. DATE OF BIRTH <i>4-11-53</i>		13. PLACE OF BIRTH <i>Brown, Ohio</i>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN <i>Paula Lea</i>		15. OTHER INFORMATION																																																																																																																					
16. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <i>P. O. Box 5000, Bradford, PA 16701</i>				17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS																																																																																																																				
CLINICAL EVALUATION <table border="1"> <tr> <td>NORM- MAL</td> <td colspan="2">(Check each item in appropriate column, enter "NE" if not evaluated)</td> <td>ABNOR- MAL</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>18. HEAD, FACE, NECK AND SCALP</td> <td colspan="2"></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>19. NOSE</td> <td colspan="2"></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>20. SINUSES</td> <td colspan="2"></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>21. MOUTH AND THROAT</td> <td colspan="2"></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>22. EARS - GENERAL (INTERNAL CANALS) (Auditory acuity under items 70 and 71)</td> <td colspan="2"></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>23. DRUMS (Perforation)</td> <td colspan="2"></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>24. 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NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary)																																																																																																																											
<p>④ side partially occluded with lesion - visualization difficult (no obvious abnormality)</p> <p>PERRLA</p> <p>Clear & sharp, white L/R without irritation</p> <p>no edema, erythema, etc. ④ umbilical hernia - mark defined</p> <p>See abdominal figure dry skin on lower extremities</p>																																																																																																																											
(Continue in item 73)																																																																																																																											

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)												REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES					
1 2 3 Restorable 32 31 30 Teeth			1 2 3 Non- restorable 32 31 30 teeth			1 2 3 Missing 32 31 30 Teeth			1 2 3 Repaired 32 31 30 by x x x Dentures			1 2 3 Fixed 32 31 30 Partial x x dentures					
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
G	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	E
H																	F
T																	T

LABORATORY FINDINGS

45. URINALYSIS A. SPECIFIC GRAVITY				46. CHEST X-RAY (Place, date, film number and result)			
B. ALBUMIN		D. MICROSCOPIC					
C. SUGAR							
47. SEROLOGY (Specify test used and result)		48. EKG		49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS	

52. WEIGHT 222	53. COLOR HAIR Black	54. Brown	PULSE						
BLOOD PRESSURE (Arm at heart level)		55.		PULSE					
100 100	B. RECLINING DIAS.	C. STANDING (5 min.)	SYS. DIAS.	A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECLINING E. AFTER 3 MIN.		
INSTANT VISION		REFRACTION				61. NEAR VISION			
CORR. TO 20/		BY	S.	CX		CORR. TO BY			
CORR. TO 20/		BY	S.	CX		CORR. TO BY			
Specify distance									
EX°	R.H.	L.H.	PRISM DIV.			PRISM CONV.	PC	PD	
ACCOMMODATION		64. COLOR VISION (Test used and result) Normal				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED	
LEFT								CORRECTED	
DN		67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. INTRAOCCULAR TENSION	
HEARING		71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
15 SV		15	250	500	1000	2000	3000	4000	5000
15 SV		15	250	500	1000	2000	3000	4000	5000
RIGHT									
LEFT									

(continued) AND SIGNIFICANT OR INTERVAL HISTORY

- Deafness in ② ear. Noticed in 1st or 2nd grade, was told it was bone conduction (air conduction). Wears glasses for watching T.V.
- Injury to L Rib in 1984. Boxing injury - possible calcific deposit percutaneous
- Insulin dependent diabetes in mother, pneumonitis (black lung) - father deceased
- Stutters when nervous since childhood
- S/P tonsillectomy 1971
- S/P vasectomy 1973

(Use additional sheets if necessary)

SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

Pt. on Benadryl for rhinitis recently started

15 min @ PPD on 3/12/95

- Umbilical hernia - since childhood, movable
- Hearing loss in ② ear since childhood. Can hear normal speaking tones.

75. RECOMMENDATIONS-FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

- ① Chest X-ray
- ② Make see initial workup includes LFT's
- ③ On 20/ clinic for flu
- ④ Audiology (will schedule)

77. EXAMINER (Check)

A. IS QUALIFIED FORB. IS NOT QUALIFIED FOR find service until (a) evaluated

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

B. PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN

Robin Hennin PA-1 MONTGOMERY FMG PA

SIGNATURE

Robin Hennin PA-1 *Other*

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

Other

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICAL THERAPIST WHICH

J. OLSON, MD
CLINICAL DIRECTOR

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

DEC. 12. 1997 12:29PM

FROM : Panasonic PPF

513 110

1260 90
83.97

NSN 7540

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

FROM: (Requesting physician or activity)

DATE OF REQUEST

REASON FOR REQUEST (Check one or more)

Belts

BOT & greater trochanteric bursitis

Pain is increased abd. when

Tender greater trochanter

Pain is fixed in lateral rotator

PROVISIONAL DIAGNOSIS

Please consider injection

DOCTOR'S SIGNATURE: Rob/ROB

PLACE OF CONSULTATION

 ROUTINE
 1/2 HOURS
 EMERGENCYRECORD REVIEWED YES NO

CONSULTATION REPORT

PATIENT EXAMINED YES NO

12/09/97 #01656-087

S: Pain in the left hip for some time. It hurts more when he sleeps on that side. It hurts when he first gets up and starts walking around. Sometimes down the lateral side but mostly fairly well localized. He has had this for sometime. He has been on no medications for several weeks without any results..

O: On exam he has increased pain with hip flexion and extension, primarily in the lateral side. Point area of tenderness attachment of the piriformis tendon.

A: Piriformis syndrome.

P: I will inject the area with Depo-Medrol and Xylocaine. I will give a prescription for Indocin 50 mg to take b.i.d. for two weeks with one refill. He will be in for tonight.

ROBERT O. BATEMAN, M.D.

ROB/cb

D: 12/09/97; T: 12/10/97

E ASAAD, M.D.
Clinical Director

(Continue on reverse side)

SIGNATURE AND TITLE

ROBERT O. BATEMAN, M.D.

IDENTIFICATION NO.

ORGANIZATION

REGISTER NO.

DATE

12/09/97

WARD

PATIENT'S IDENTIFICATION (For typed or written entries give: Name- last, first, middle; grade; rank; rate; hospital or medical facility)

Lee, Paul

01656-087

R. 68

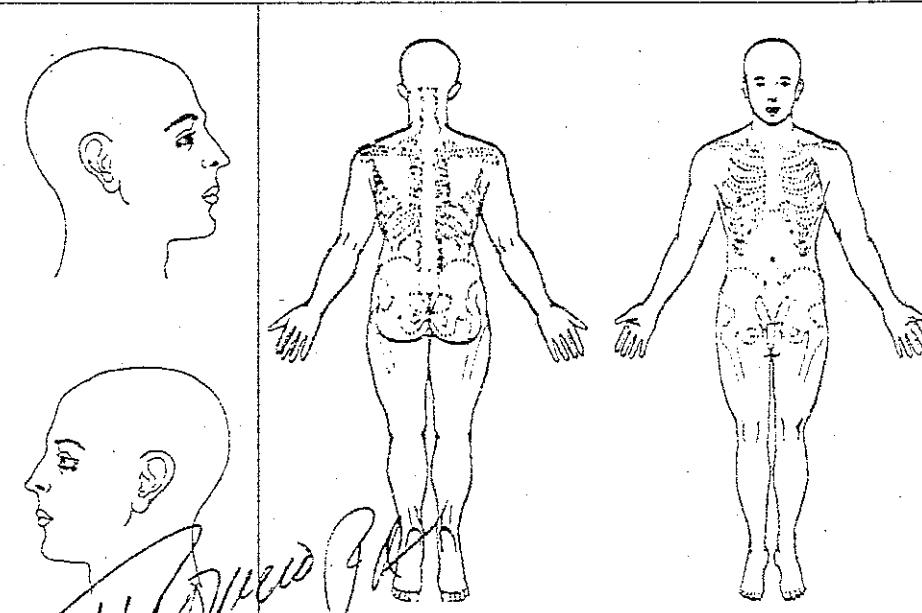
CONSULTATION

Medical Record

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE INJURY ASSESSMENT AND FOLLOWUP
(Medical)

A12

1. Institution <i>FCI-Berkeley</i>	2. Name of Injured <i>Lee, Paul</i>	3. Register Number <i>01656-087</i>
4. Injured's Duty Assignment <i>Bakery</i>	5. Housing Assignment <i>Pop A Lower</i>	6. Date and Time of Injury <i>10-10-91 1830</i>
7. Where Did Injury Happen (Be specific as to location) <i>Rec Yard</i>	Work Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Date and Time Reported for Treatment <i>10-10-91 1845</i>
9. Subjective: (Injured's Statement as to How Injury Occurred)(Symptoms as Reported by Patient) <i>"I'm Spanked hit me in the skin with his palm"</i>		
<i>X Ca</i> Signature of Patient		
10. Objective: (Observations or Findings from Examination) <i>0 injuries observed</i>	X-Rays Taken _____	Not Indicated _____
X-Ray Results <i>V71.8</i>		
11. Assessment/Analysis of Facts Based on Subjective and Objective Data) <i>Nothing Found</i>		
12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up) <i>No Medical Attention</i>		
13. This Injury Required: <input checked="" type="checkbox"/> a. No Medical Attention <input type="checkbox"/> b. Minor First Aid <input type="checkbox"/> c. Hospitalization <input type="checkbox"/> d. Other (explain) <input type="checkbox"/> e. Medically Unassigned <input type="checkbox"/> f. Civilian First Aid Only <input type="checkbox"/> g. Civilian Referred to <i>Community Physician</i>		
 <i>Signature of Physician or Physician Assistant</i> <i>R. Rose, R.N.</i>		

Original Medical File

Custody Safety

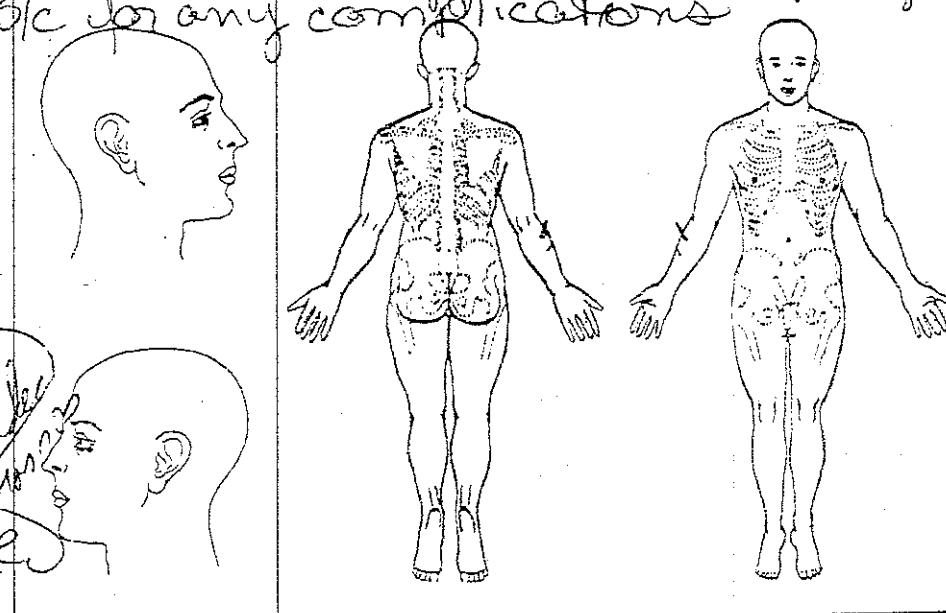
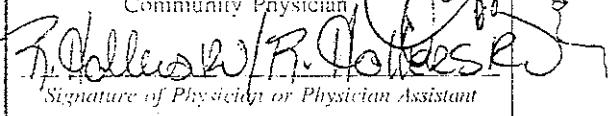
Pink - Work Supervisor (Work related only)

Self Carbonated Form - If ballpoint pen is used, PRESS HARD

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

949.0 (0)

INMATE IN ASSESSMENT AND FOLLOWUP
(Medical)

1. Institution FCI Beckley	2. Name of Injured Lee, Paul	3. Register Number 01656-087
4. Injured's Duty Assignment Bakery	5. Housing Assignment POP A - Lower	6. Date and Time of Injury 10-8-97 @ 0530
7. Where Did Injury Happen (Be specific as to location) Bakery FCI - F/S	Work Related? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. Date and Time Reported for Treatment 10-8-97 @ 0630
9. Subjective: (Injured's Statement as to How Injury Occurred)(Symptoms as Reported by Patient) "I burnt my arm on the oven, pulling out a tray."		
X (Signature of Patient)		
10. Objective: (Observations or Findings from Examination) 1° burns to R upper fore- arm. of open areas @ this time, minimal swelling area is 4-5cm long by 1cm wide	X-Rays Taken _____	X-Ray Results Not Indicated X
11. Assessment: (Analysis of Facts Based on Subjective and Objective Data) 949.0 (0) Burns		
12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up) cool & SO applied x 30 min, gently cleansed. Silverdene cream applied covered w/ gauze, secured w/ tape. In undressed re: care. ie Dressing, 5/5 of infection & Flu w/ S/C for any complications		
13. This Injury Required: <input type="checkbox"/> a. No Medical Attention <input checked="" type="checkbox"/> b. Minor First Aid <input type="checkbox"/> c. Hospitalization <input type="checkbox"/> d. Other (explain) <input type="checkbox"/> e. Medically Unassigned <input type="checkbox"/> f. Civilian First Aid Only <input type="checkbox"/> g. Civilian Referred to Community Physician		
  Signature of Physician or Physician Assistant		

DATE	SYMPTOM	DIAGNOSIS, TREATMENT ORGANIZATION (Sign each entry)
9/15/97	S-LBP	
1230 Trace:	O-Full ROM Tenderness	
	A-LBP	
	P-Motion 400° \Rightarrow Tilt 30°/0 Heat Scm	PAFCI/FCI BECKLEY
10/14/97	I need injections x my H.P. 0945 - Pt has a limitation sh - probably (LP) Greater trochanter Bursitis - A- Bursitis - P- motion 400° IT 80-72° A 90xT adore to apply heat/ice on path. R.H.C. as need	
		PAFCI/FCI BECKLEY
2/13/98	S: "I have a problem in a foot"	
0937	O: (for a callus on side of R) foot. 2: callus. 1- ① shave callus (See) ② Melosten. ③ zinc oint.	
		<i>E.J. CHIPI, PA</i>
5/11/98	[NO SHOW] [NO SHOW] <i>PAFCI</i>	
0830	A. HADDED, PA FPC/FCI BECKLEY	

NSN 7540-00-634-4178

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign ~~each~~ entry)

7/14/97 - my (L) side of hip & Kiling we

1421 - Pt going into the of osteoarthritis

& osteoarthritis

-Polycent easy & - 75% #40

@ above to apply heat/war 1/2 &
have had

n-f.c. as & ects.

Paula Thomas PA.

8-4-97
0854

S-O hip aching @ hs - while standing still

Wore @ hs lateral hip @ side

O-Tender, greater trochanter

-Re & his is internal stab.

Pain & (rest) elevation

- Sims test

No nerve findings

A - O hip greater trochanteritis

T - Motiv recd \approx 7 Dpc 20/1

-Abd ex & strengthening O hip (paroxysm)

-Heat T/C

-X-ray if not improving

-Ortho Consult for injection/Cancel of letter

Paula Thomas PA.

PATIENT'S IDENTIFICATION (Use this space for Mechanical
imprint)

RECORD MAINTAIN AT PATIENT	LEE PAUL A B/M/0/04-11-1953 HT/508 WT/205 CUSTODY/IN	01656-087
RELATI.		HR/BK EY/BN
SPONSOR		NK/GRADE
DEPART		TE OF BIRTH
CHRONO		D (REV. 5-84)

R. 72

MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUESTS/REPORTS

BP-S622.060 RADIOLOGIC CONSULTATION REQUEST/REPORT CDFRM
AUG 36
U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Patient Identification Name, Registration Number, Institution	Age	Sex	EXAMINATION REQUESTED
44 H. H. 33 Jill, Paul	35	M	✓
Pregnant	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Requested by	Date Requested
DR. JUDY	
Date of Report	Date of Transcription
8/11/98	7/8/98
File #	

Radiologic Report
CHEST: The heart size, mediastinum and both hilae appear normal. Both lungs are fully expanded and essentially clear. There is no evidence of congestion or active pulmonary infiltrates. The bony thorax and diaphragm are unremarkable as noted.)

IMPRESSION: Essentially negative chest.

Signature

DR. L. MCKEEON RIVERA
DR. L. MCKEEON RIVERA
FPC/FCI BECKLEY

Physician: Cody L. McKeeon
Physician: Cody L. McKeeon

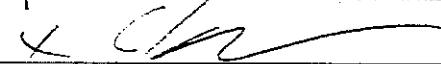
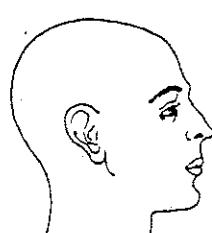
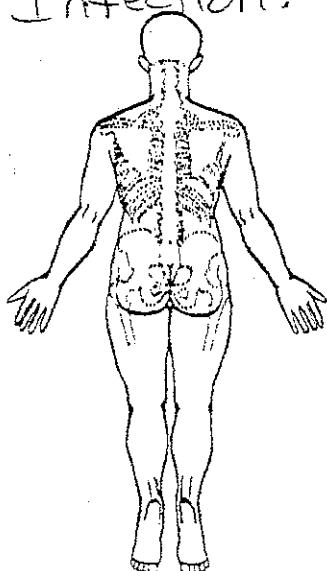
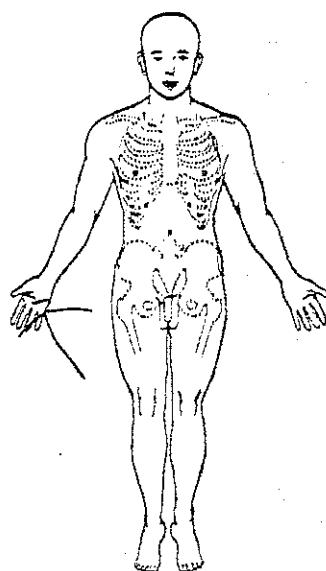
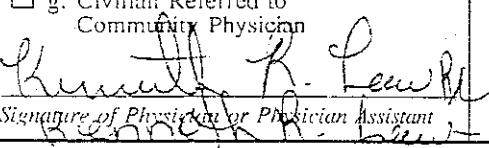
Original Medical Record: Physician: Copy: Radiology
(This form may be replicated via WP)



SIGNATURE

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE INJURY ASSESSMENT AND FOLLOWUP
(Medical)

1. Institution FCI Beckley	2. Name of Injured Lee, Paul	3. Register Number 01656-087
4. Injured's Duty Assignment Kitchen (dishes)	5. Housing Assignment Pop A-L	6. Date and Time of Injury 8 April 1997 16:15
7. Where Did Injury Happen (Be specific as to location) Kitchen	Work Related? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. Date and Time Reported for Treatment 8 April 1997 16:55
9. Subjective: (Injured's Statement as to How Injury Occurred)(Symptoms as Reported by Patient) I reached in sink / was cut on RT hand palm by a pan.		
 Signature of Patient		
10. Objective: (Observations or Findings from Examination) A/O	X-Rays Taken _____	Not Indicated <input checked="" type="checkbox"/>
X-Ray Results		
exhibits Superficial laceration to palm of RT hand (1 1/4 inch) bleeding controlled.		
11. Assessment: (Analysis of Facts Based on Subjective and Objective Data) Impaired skin integrity.		
12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up) No dishwashing or food prep next 2 days, states he had Tetanus in 1995, area cleaned / colloidic flexible applied, watch for any s/s of infection.		
13. This Injury Required: <input type="checkbox"/> a. No Medical Attention <input checked="" type="checkbox"/> b. Minor First Aid <input type="checkbox"/> c. Hospitalization <input type="checkbox"/> d. Other (explain) <hr/> <hr/> <input type="checkbox"/> e. Medically Unassigned <input type="checkbox"/> f. Civilian First Aid Only <input type="checkbox"/> g. Civilian Referred to Community Physician		 
 Signature of Physician or Physician Assistant		

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

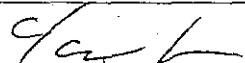
INMATE INJURY ASSESSMENT AND FOLLOWUP

(local)

1. Institution FCC Beckley	2. Name of Injured Paul Lee	3. Register Number 01656 087
4. Injured's Duty Assignment Un Ass.	5. Housing Assignment Pine BL	6. Date and Time of Injury 01/18/97 10:15
7. Where Did Injury Happen (Be specific as to location) Unit (Pine BL)	Work Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Date and Time Reported for Treatment 01/18/97 11:15

9. Subjective: (Injured's Statement as to How Injury Occurred)(Symptoms as Reported by Patient)

I was washing off the top of my locker, and my arm ran across the sharp bar.



Signature of Patient

10. Objective: (Observations or Findings from Examination)	X-Rays Taken _____	Not Indicated <input checked="" type="checkbox"/>
	X-Ray Results	

RT arm have small superficial laceration about 3 cm.

11. Assessment (Analysis of Facts Based on Subjective and Objective Data)

Laceration, Superficial RT arm 879.6 (X)

12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up)

1. Cleaned with Betadine, and polysporin
& Bore with haemostat (nipples gone)

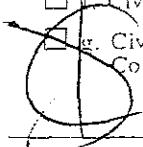
2. T.T was given 3/15/95

13. This Injury Required:

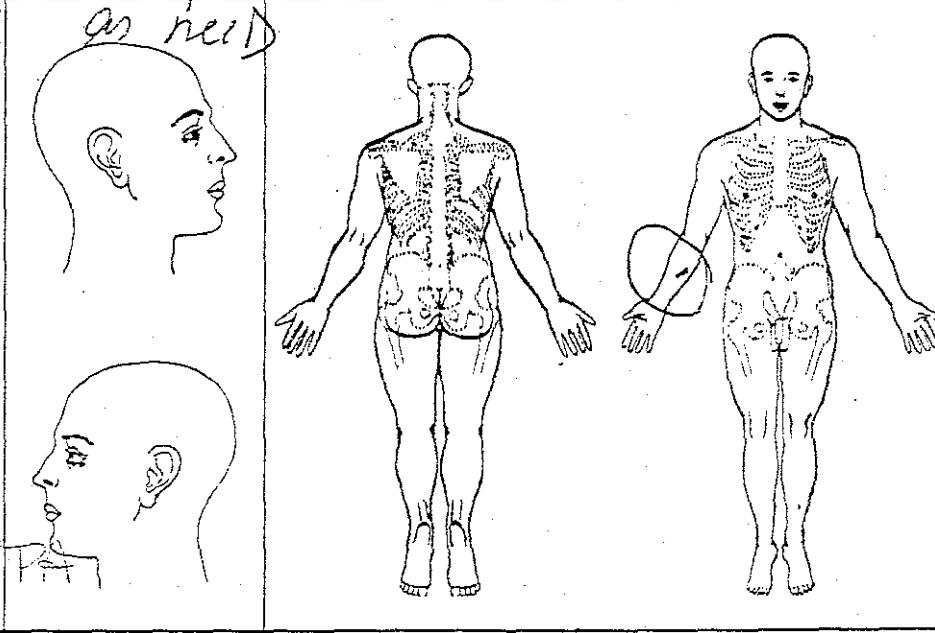
3- PTC as need

a. No Medical Attention
 b. Minor First Aid
 c. Hospitalization
 d. Other (explain)

e. Medically Unassigned
 f. Civilian First Aid Only
 g. Civilian Referred to Community Physician



Signature of Physician or Physician Assistant



DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
7-30-96	BP - 134/76	HR - 75	T - 98.4
0845	- Unable to do Fasting Blood Sugar this AM Pt has already eaten Breakfast.		
10/29/96	BP 130/82	HR 74	T - 97.5
0943	S/F have a corn and thick skin o. Corn over 5th phalynx + skin thickening These episodes over several past few A- Corn P- Thick scales Mediplast patches		<i>Jeanie Puckett RN/Teresa Puckett RN</i>
			<i>SJW/IRB/DR</i>
01/18/97	See Injury report		
11:15			<i>S. Martin (hm PA)</i>
8 April 1997	See Injury report for today's date.		
15:00	— Kenneth R. Law RN - Kenneth R. Law -		
4-9-97 11:30	Inmate requested a copy of Injury report dated 4-8-97. I released 1 copy to inmate		
04/14/97	TRIAGE <		<i>J. Aragon</i>
0950	S/ I have cold		<i>J. ARAGON, H.I.T.</i>
0/	En protein + m fluid		
A/	Common cold		
D/	1 gm 4 mgm + ID. + ID (#15)		<i>R. 76</i>
	500 mgm TT PD. + ID		
	↑ intake fluid		

RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE																			
	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (see back entry)																			
110	S- 42 yr B/F presents w/ 1-2d Hb sore dry throat initial onset & dry scratchy throat in progression -> soreness (+) dry non-productive cough. No current chills however positive previous history																			
O	O- as on B/F PTT: 98.4 Coryza x 2 hyperemic & moist throat PND - xerophathy lungs clear & this a. fl. (-) conjunctiva & frontal sinus tenderness neck stiff & supple																			
	1. Prognosis																			
	P- Amoxicillin 500PD q8 x 10d #20 OMX 4 mg BID x 7d #14 Saline Sprays																			
2896	S" Had sharp pains in my chest off & on																			
0900	Since 0300 this AM																			
O	O- BP 118/82 HR 72 Respiration unlabored rate Skin W/P denies pain at this time EKG Done No acute abnormalities noted. Abdomen - Alteration in comfort																			
O	Encouraged to report to sick bay for further evaluation then continue to monitor as ordered. Encouraged to return if CP comes back. Encountered 7/10/82																			
PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)																				
<table border="1"> <tr> <td>RECOR</td> <td>LEE</td> </tr> <tr> <td>MAINTA</td> <td>PAUL A</td> </tr> <tr> <td>AT:</td> <td>01656-087</td> </tr> <tr> <td>PATIENT</td> <td>B/M/0/04-11-1953</td> </tr> <tr> <td>RELATR</td> <td>HT/508 WT/205</td> </tr> <tr> <td></td> <td>HR/BK EY/BN</td> </tr> <tr> <td></td> <td>CUSTODY/IN</td> </tr> <tr> <td>SPONSOR</td> <td>JK/GRA</td> </tr> <tr> <td>DEPART</td> <td></td> </tr> </table>			RECOR	LEE	MAINTA	PAUL A	AT:	01656-087	PATIENT	B/M/0/04-11-1953	RELATR	HT/508 WT/205		HR/BK EY/BN		CUSTODY/IN	SPONSOR	JK/GRA	DEPART	
RECOR	LEE																			
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PATIENT	B/M/0/04-11-1953																			
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	HR/BK EY/BN																			
	CUSTODY/IN																			
SPONSOR	JK/GRA																			
DEPART																				
FCI BECKLEY, WV																				

Pharmacy Services
FCI BECKLEY, WV 25813 304-255-7731

RX400012485 G. BETTS 10/29/96
LEE, PAUL 01656-087
CUT PLASTER TO FOR ITCHING CORN AND APPLY
REMOVE AFTER 48 HOURS

SALICYLIC ACID 2% PLASTER #1
SD 0 REFILL(S) EXPIRES 11/28/96

Pharmacy Services
FCI BECKLEY, WV 25813 304-255-7731

RX400020725 A. DUARTE-CHIPPI 04/14/97
LEE, PAUL 01656-087
TAKE 1 TABLET BY MOUTH EVERY 4 TO 6 HOURS AS
NEEDED (DO NOT TAKE MORE THAN 6 TABLETS PER 24
HOURS)

CHLORPHENIRAMINE MALEATE 4 MG TABLET #15
SD 0 REFILL(S) EXPIRES 05/14/97

Pharmacy Services
FCI BECKLEY, WV 25813 304-255-7731

RX400020726 A. DUARTE-CHIPPI 04/14/97
LEE, PAUL 01656-087
TAKE 1 OR 2 TABLETS BY MOUTH EVERY 4 TO 6 HOURS
AS NEEDED (DO NOT EXCEED 8 TABLETS PER DAY)

ACETAMINOPHEN 500 MG TABLET #20
SD 0 REFILL(S) EXPIRES 05/14/97

Pharmacy Services
FCI BECKLEY, WV 25813 304-255-7731

RX400024946 HADDEO 07/14/97
LEE, PAUL 01656-087
TAKE 1 OR 2 TABLETS BY MOUTH EVERY 4 TO 6 HOURS
AS NEEDED (DO NOT EXCEED 8 TABLETS PER DAY)

ACETAMINOPHEN 500 MG TABLET #40
SD 0 REFILL(S) EXPIRES 08/13/97

Pharmacy Services
FCI BECKLEY, WV 25813 304-255-7731

RX400028025 G. BETTS 09/15/97
LEE, PAUL A. FCI 01656-087
TAKE 1 OR 2 TABLETS BY MOUTH EVERY 4 TO 6 HOURS
AS NEEDED FOR PAIN WITH FOOD (DO NOT EXCEED 8
TABLETS PER DAY)

IBUPROFEN 400 MG TABLET #30
SD 0 REFILL(S) EXPIRES 10/15/97

Pharmacy Services
FCI BECKLEY, WV 25813 304-255-7731

RX400025979 G. BETTS 08/04/97
LEE, PAUL A. FCI 01656-087
TAKE 1 OR 2 TABLETS BY MOUTH EVERY 4 TO 6 HOURS
AS NEEDED FOR PAIN WITH FOOD (DO NOT EXCEED 8
TABLETS PER DAY)

IBUPROFEN 400 MG TABLET #30
SD 1 REFILL(S) EXPIRES 10/03/97

Pharmacy Services
FCI BECKLEY, WV 25813 304-255-7731

RX400029585 A. HADDEO 10/14/97
LEE, PAUL A. FCI 01656-087
TAKE 1 OR 2 TABLETS BY MOUTH EVERY 4 TO 6 HOURS
AS NEEDED FOR PAIN WITH FOOD (DO NOT EXCEED 8
TABLETS PER DAY)

IBUPROFEN 400 MG TABLET #20
SD 1 REFILL(S) EXPIRES 12/13/97

Pharmacy Services
FCI BECKLEY, WV 25813 304-255-7731

RX400032098 Dr. E. ASAAD 01/07/98
LEE, PAUL A. 01656-087
TAKE 2 CAPSULES BY MOUTH TWICE A DAY WITH FOOD

INDOMETHACIN 25 MG CAPSULE #56
SD 1 REFILL(S) EXPIRES 01/07/98

Pharmacy Services
FCI BECKLEY, WV 25813 304-255-7731

RX400039931 E. ROMERO 05/14/98
LEE, PAUL A. FCI 01656-087
TAKE 1 OR 2 TABLETS BY MOUTH EVERY 4 TO 6 HOURS
AS NEEDED FOR PAIN WITH FOOD (DO NOT EXCEED 8
TABLETS PER DAY)

IBUPROFEN 400 MG TABLET #28
SD 0 REFILL(S) EXPIRES 06/13/98

Pharmacy Services
FCI BECKLEY, WV 25813 304-255-7731

RX400044430 E. CHIPPI 08/14/98
LEE, PAUL A. FCI 01656-087
TAKE 1 CAPSULE BY MOUTH TWICE A DAY ON AN EMPTY
STOMACH UNTIL FINISHED

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

PAUL LEE, :
Plaintiff : CIVIL NO. 1:CV-00-0486
v. : (Judge Kane)
UNITED STATES OF AMERICA, et al., :
Defendants :
:

DECLARATION OF Q. BLANTON

I, Q. BLANTON, hereby declare and state as follows:

1. I am currently employed by the United States Department of Justice, Federal Bureau of Prisons ("FBOP"), as Supervisor of Recreation at the Federal Correctional Institution (F.C.I.), Allenwood, Pennsylvania. I have been employed with the FBOP since October 1989. As the Supervisor of Recreation, I have access to Bureau of Prisons records, including but not limited to records pertaining to inmate recreational activities (i.e., inmate intramural basketball, football and softball games).

2. I have reviewed the complaint in the above-captioned action, wherein the Plaintiff, inmate Paul Lee, Federal Register Number 01656-087, alleges that his left hip has degenerated since 1997 due to inappropriate bedding. The Plaintiff further alleges that he now suffers from degenerative arthritis and that medical staff have negligently failed to

provide him with appropriate medical care and treatment for his injury.

3. On November 16, 1998, the Plaintiff arrived at F.C.I. Allenwood, Pennsylvania.
4. While the Plaintiff was incarcerated at FCI Allenwood, he participated in the Exercise Across America program. This program consisted of the inmates walking various laps around the outside track at FCI Allenwood. One lap of the track at FCI Allenwood is equal to $\frac{1}{2}$ mile.
5. On July 13, 2000, the Plaintiff walked 11 laps in 60 minutes. (See attachment #1, Exercise Across America Log Sheet #1).
6. On July 16, 2000, the Plaintiff walked 12 laps in 195 minutes. (See attachment #2, Exercise Across America Log Sheet #2).
7. On July 20, 2000, the Plaintiff walked 11 laps in 60 minutes. (See attachment #3, Exercise Across America Log Sheet #3).
8. On July 21, 2000, the Plaintiff walked 10 laps in 60 minutes. (See attachment #4, Exercise Across America Log Sheet).

9. On July 22, 2000, the Plaintiff walked 11 laps in 46 minutes. (See attachment #5, Exercise Across America Log Sheet #5).
10. On July 23, 2000, the Plaintiff walked 12 laps in 45 minutes. (See attachment #6, Exercise Across America Log Sheet #6).
11. On July 24, 2000, the Plaintiff walked 10 laps in 90 minutes. (See attachment #7, Exercise Across America Log Sheet #7).
12. On July 25, 2000, the Plaintiff walked 12 laps in approximately 50 minutes. (See attachment #8, Exercise Across America Log Sheet #8).
13. A statistics sheet dated August 18, 2000, reveals that the Plaintiff had walked a total of 71 miles as of that date. (See attachment #9, Exercise Across America sheet dated August 18, 2000).
14. Additionally, the Plaintiff had volunteered to participate as a Referee and Umpire in various sporting activities (i.e. basketball, football and softball).
15. A copy of the A-League Official Schedule (basketball) reveals

that on July 27, 2000, August 10, 2000, August 30, 2000, and September 4, 2000, there were intramural inmate basketball games played at FCI Allenwood. This basketball schedule reveals that the Plaintiff had participated as a Referee during each of these four inmate basketball games. (See attachment #10, A-League Referee Schedule).

16. During a regulation basketball game, the Referee is responsible for following the play up and down the court. The responsibilities are the same for an individual refereeing an inmate intramural basketball game. It is important to note that these inmate intramural basketball games are generally 40 minutes in length. During these games, the referee follows the play of the game by running up and down the court (i.e. staying with the players and observing the game for infractions).
17. As I previously indicated, the record reveals that on July 27, 2000, August 10, 2000, August 30, 2000, and September 4, 2000, the Plaintiff was a Referee during these inmate league basketball games. Thus, he would have been responsible to follow the players as they ran up and down the court.
18. I have personally observed the Plaintiff perform as a Referee during numerous intramural basketball games. This included my observing him running up and down the basketball court. It did not appear to me that he was having any difficulty

keeping up with play.

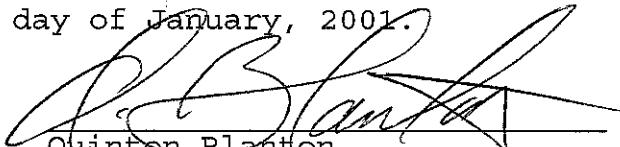
19. I have no recollection of the Plaintiff informing me that he was having any difficulty keeping up with the play during any of the basketball games.
20. An Inmate Request To Staff Member dated August 9, 2000, reveals that the Plaintiff had requested permission to be a football official (See attachment #11, Inmate Request To Staff Member).
21. A copy of the Flag Football Referee's Course reveals that on September 1, 2000, the Plaintiff had reviewed the by-laws of the Flag Football League. This document also reveal that on September 7, 2000, he had reviewed the NIRSA rules and that on September 8, 2000, he had viewed a video titled "You Make The Call." (See attachment #12, Flag Football Referee's Course).
22. A copy of the Flag Football Referee Pay Sheet reveals that on October 1, 2000, October 7, 2000, October 15, 2000, October 21, 2000, November 4, 2000, November 12, 2000, and finally on November 18, 2000, that the Plaintiff had participated as a Referee during these seven inmate intramural flag football games which are each approximately 40 minutes in duration.
23. During a regulation football game, the Referee is responsible for following the play up and down the field. The

responsibilities are the same for an individual refereeing an inmate intramural flag football game. They include him following the play of the game by running up and down the football field (i.e., staying with the players and observing the game for infractions). The referee is also responsible for retrieving the loose footballs and must constantly bend down to place the football before each play (See attachment #13, Flag Football Referee Pay Sheet).

24. I have personally observed the Plaintiff perform as a Referee during numerous inmate intramural football games. This included my observing him running up and down the field of play. It did not appear to me that he was having any difficulty keeping up with play.
25. I have no recollection of the Plaintiff informing me that he was having any difficulty keeping up with the play during any of the flag football games.

I declare that any and all records attached to this declaration are true and accurate copies of records maintained in the ordinary course of business by the Federal Bureau of Prisons. I further declare that the foregoing is true and correct to the best of my knowledge and belief, and is given under penalty of perjury pursuant to 28 U.S.C. § 1746.

EXECUTED this 26th day of January, 2001.


Quinton Blanton,
Supervisor of Recreation
Federal Correctional Institution
Allenwood, Pennsylvania 17887

Attachment 1

Exercise Across America Log Sheet

Date	Name	#	Exercise	Start Time	End Time	Laps
------	------	---	----------	------------	----------	------

7/15	Paul	01096032	WA	6:35	7:30	11
------	------	----------	----	------	------	----

Note to Staff: Laps are only needed for walking and running.

Only the following exercises count for this program: walking, running,

Do not allow inmates to write on this sheet.

Attachment 2

Exercise Across America Log Sheet

Date	Name	#	Exercise	Start Time	End Time	Laps
------	------	---	----------	------------	----------	------

7/6	John	135305	Walk	1:00	5:00	12 Laps
-----	------	--------	------	------	------	---------

Note to Staff: Laps are only needed for walking and running.
Only the following exercises count for this program: walking, running.

Do not allow inmates to write on this sheet.

Attachment 3

Exercise Across America

Log Sheet

Date	Name	#	Exercise	Start Time	End Time	Laps
------	------	---	----------	------------	----------	------

10/22/03	Lee	39	Walking	7:30	1:00	11 Laps
----------	-----	----	---------	------	------	---------

Note to Staff: Laps are only needed for walking and running.

Only the following exercises count for this program: walking, running,

Do not allow inmates to write on this sheet.

Attachment 4

Exercise Across America Log Sheet

Date	Name	#	Exercise	Start Time	End Time	Laps
------	------	---	----------	------------	----------	------

1/11	Lee	01655-081	walk	6:00	7:00	10 Laps
------	-----	-----------	------	------	------	---------

Note to Staff: Laps are only needed for walking and running.

Only the following exercises count for this program: walking, running,

Do not allow inmates to write on this sheet.

Attachment 5

Exercise Across America

Log Sheet

Date	Name	#	Exercise	Start Time	End Time	Laps
------	------	---	----------	------------	----------	------

10/12/00	10:00	6/16/00-25	Walk	10:30 -	5.30	11 Laps
----------	-------	------------	------	---------	------	---------

Note to Staff: Laps are only needed for walking and running.
 Only the following exercises count for this program: walking, running, [REDACTED]

Do not allow inmates to write on this sheet.

Attachment 6

Exercise Across America

Log Sheet

Date	Name	#	Exercise	Start Time	End Time	Laps
------	------	---	----------	------------	----------	------

7/17	Lee	6528	Walk	6:00	6:30	12 laps
------	-----	------	------	------	------	---------

Note to Staff: Laps are only needed for walking and running.

Only the following exercises count for this program: walking, running,

Do not allow inmates to write on this sheet.

Attachment 7

Exercise Across America Log Sheet

Date	Name	#	Exercise	Start Time	End Time	Laps
------	------	---	----------	------------	----------	------

1/26 | Tom | 300000 | 1.0 | 6:00 | 7:30 | 10 Laps

Note to Staff: Laps are only needed for walking and running.

Only the following exercises count for this program: walking, running,

Do not allow inmates to write on this sheet.

Attachment 8

Exercise Across America Log Sheet

Date	Name	#	Exercise	Start Time	End Time	Laps
------	------	---	----------	------------	----------	------

7/1	Lee	01656-031	Running	01:45	5:30	12.44s
-----	-----	-----------	---------	-------	------	--------

Note to Staff: Laps are only needed for walking and running.

Only the following exercises count for this program: walking, running,

Do not allow inmates to write on this sheet.

Attachment 9

EXERCISE ACROSS AMERICA

CURRENT STATES AND MILES

August 18, 2000

<u>Inmate Name</u>	<u>Number</u>	<u>State & Miles</u>	<u>Mileage</u>
--------------------	---------------	--------------------------	----------------

40. Lee, Paul

01656-087

West Virginia

71

Attachment 10

F.C.I. Allenwood Recreation Department

^{BASKETBALL}
A-LEAGUE OFFICIALS SCHEDULE

Thursday, July 27 at 6:00pm

Lee, [REDACTED]

Thursday, July 27 at 7:00pm

Lee, [REDACTED]

Thursday, Aug. 10 at 6:00pm

Lee, [REDACTED]

Thursday, Aug. 10 at 7:00pm

Lee, [REDACTED]

FCI Allenwood Recreation Department

~~BASKETBALL~~
A-League Referee Schedule:

Wednesday Aug. 30: [REDACTED], Lee, [REDACTED]
[REDACTED]

Monday Sept. 4: [REDACTED], Lee, [REDACTED]



Attachment 11

BP-S148.070 INMATE REQUEST TO STAFF MEMBER DPPM
APR 94

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

DATE 8-9-00TO: MIC Bomboj Rec Spec

(Name and Title of Officer)

SUBJECT: State completely but briefly the problem on which you desire assistance and what you think should be done (Give details).

Requesting to be one of your Football Official
this season again

(Use other side of page if more space is needed)

NAME: Bul Lee No.: 01656-087Work Assignment: Glenn F15 Unit: 33

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE _____

Officer

Attachment 12

F.C.I. Allenwood Recreation Department
Flag Football Referee's Course

Name	Number	Review By-laws	Review NIRSA Rules	View video You make the call	Final Test
Lee, Paul	01656-087	9/1/00	9/7/00	9/8/00	Passed

Attachment 13

F.C.I. Allenwood Recreation Department

Flag Football Referee Pay Sheet

Name	Number	Oct. 1	Oct. 7	Oct. 15	Pay	Oct. 21	Oct. 29	Nov. 4	Pay	Nov. 12	Nov. 18	7 ^{Oct.} Pay
------	--------	--------	--------	---------	-----	---------	---------	--------	-----	---------	---------	-----------------------

Lee, Paul	01656-087	R	R	R	R	R	R	R	R	R	R	R
-----------	-----------	---	---	---	---	---	---	---	---	---	---	---

R = Referee = 3 bags per game

S = Scorekeeper = 1 bag per game

D = Downkeeper = 1 bag per game

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF PENNSYLVANIA

PAUL LEE, :
Plaintiff :
: :
v. : Civil No. 1:CV-00-00486
: (Kane, J.)
UNITED STATES OF AMERICA, et al. :
Defendants :
:

CERTIFICATE OF SERVICE BY MAIL

The undersigned hereby certifies that she is an employee in the Office of the United States Attorney for the Middle District of Pennsylvania and is a person of such age and discretion as to be competent to serve papers.

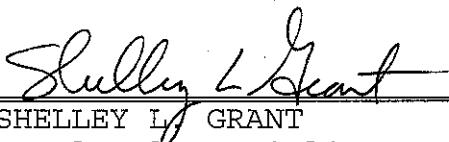
That on February 12, 2001, she served a copy of the attached

**RECORD TO BRIEF IN SUPPORT OF THE DEFENDANTS'
MOTION TO DISMISS AND FOR SUMMARY JUDGMENT**

by placing said copy in a postpaid envelope addressed to the person hereinafter named, at the place and address stated below, which is the last known address, and by depositing said envelope and contents in the United States Mail at Harrisburg, Pennsylvania.

Addressee:

Paul Lee
Reg. No. 01656-087
FCI Elkton
P.O. Box 89
Elkton, Ohio 44415



SHELLEY L. GRANT
Paralegal Specialist